

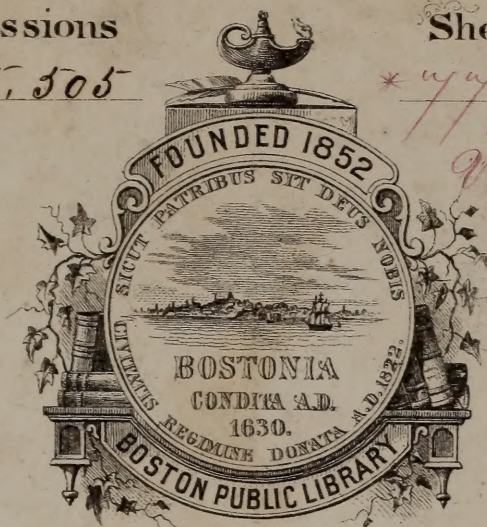
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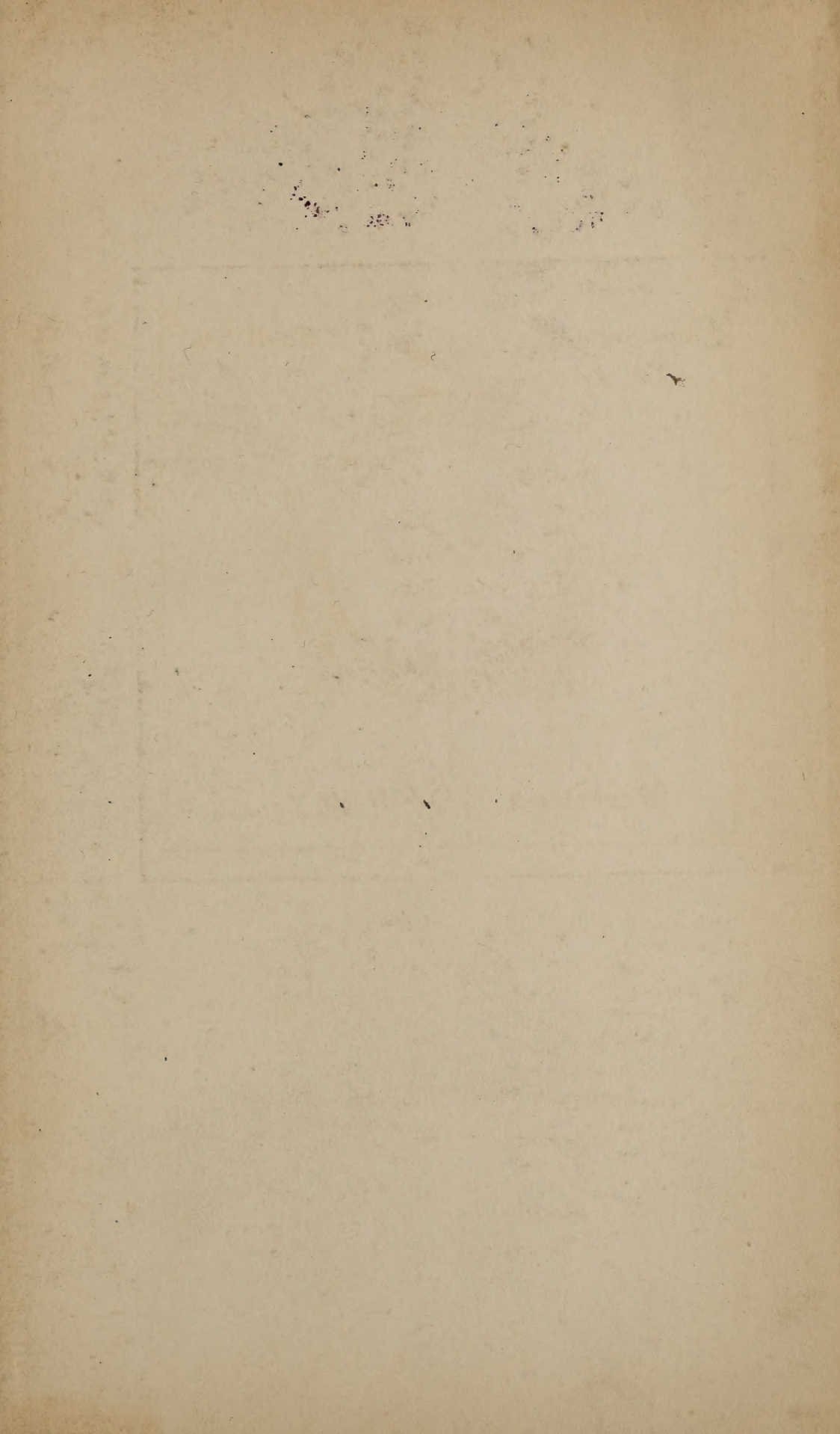
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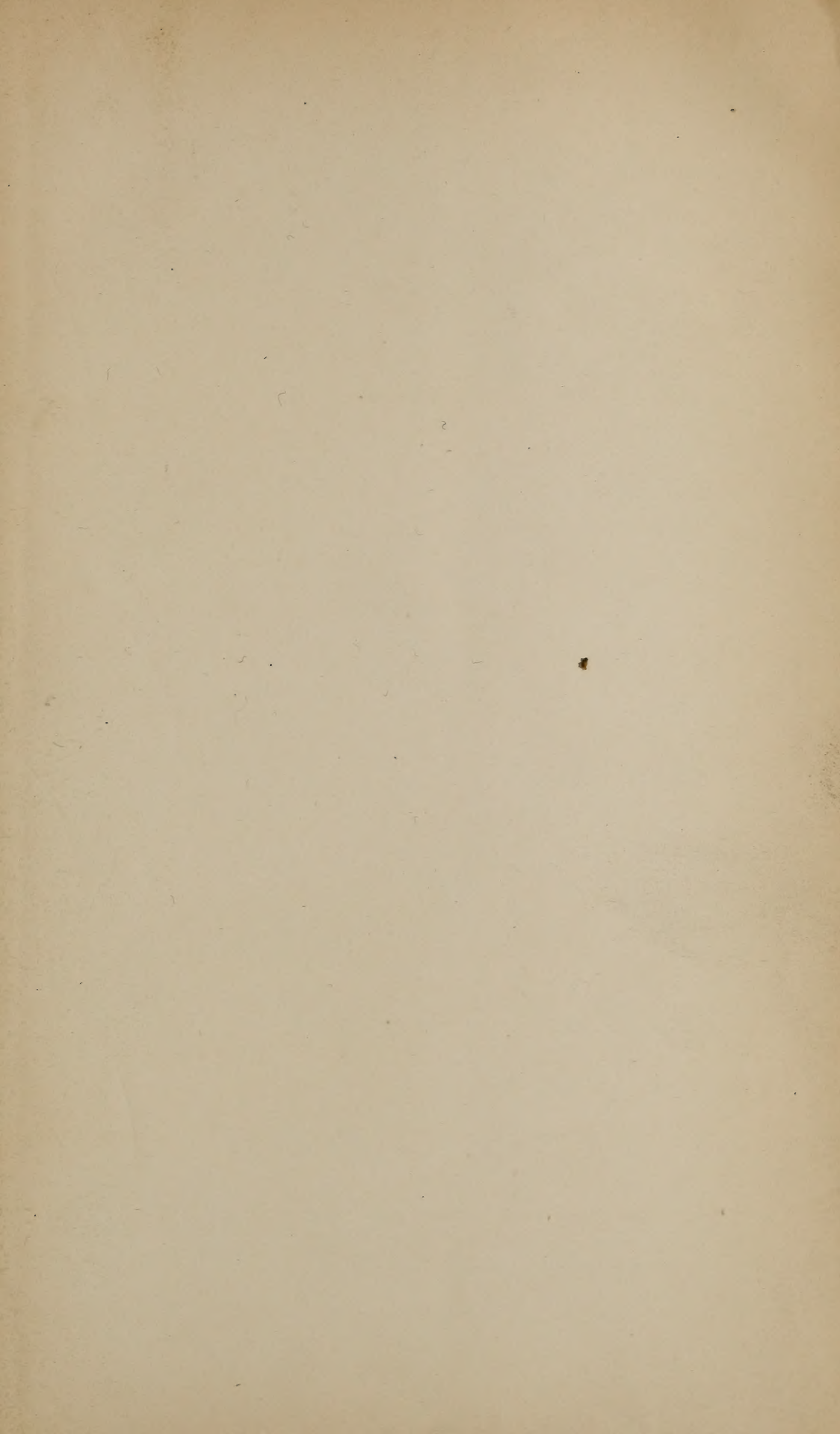
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THE HUMBOLDT

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EDITORS :

A. HAMMER, M.D., J. C. WHITEHILL, M.D.

SAINT LOUIS, MO.

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 All Communications, Letters, Papers, Books, or Journals, will be promptly noticed and answered. Address

J. C. WHITEHILL, M. D.,

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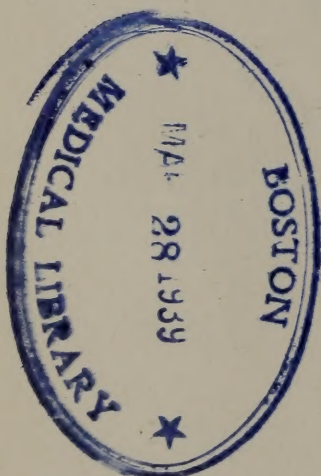
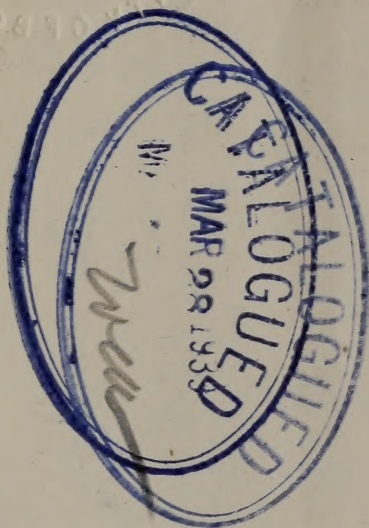


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[No. 1.

PHYSOMETRA.

A well-marked case of Physometra, reported by THOS. KENNARD, M. D., of Saint Louis.

On the 6th of July, 1864, I was called to see Mrs. B——, who had been attended a few days previously in a case of abortion, at or near the sixth month of pregnancy, by a midwife, who, after the foetus was extruded, had left her without accomplishing the delivery of the placenta, although in her efforts to do so she had employed sufficient traction to sever the umbilical cord and tear away a portion of the placenta. She had been flooding from the time of her mishap, and was so much exhausted by the loss of blood that the least exertion would induce fainting spells. After ascertaining the history of the case, and discovering that the womb was still considerably enlarged, I passed my hand slowly into the vagina and introduced two fingers into the womb, where I detected a large portion of the after-birth firmly adhering to the uterus, and after much trouble and perseverance succeeded in detaching and removing piecemeal, as I supposed, the whole mass. The patient suffered very considerably during the operation, and became completely exhausted by the hemorrhage, which continued all the while. I had given her brandy and laudanum before undertaking the removal of the placenta, and was now obliged to repeat it. I then applied a bandage firmly over the abdomen;

ordered absolute rest in the recumbent position, and drachm doses of the fluid extract of ergot in sweetened water, every two hours. On returning to see my patient some six hours afterwards, I was glad to learn that no more flooding of importance had occurred, and that she had rallied very considerably. She continued, however, excessively prostrated, and I regarded her condition as very precarious and critical for a few days, until she began to gain strength and improve.

On the 12th, I noticed that the abdomen was quite distended, and the pulse so much quickened that I feared puerperal peritonitis. The next day, however, (seven days from the time she had been placed under my care,) the size of the abdomen had increased so much that I made a thorough examination of it, and at once detected that the enlargement was the womb itself, as the tumor occupied the middle line of the abdomen, was ovoidal in shape, well defined, and easily moved by pressing upon it per vaginam. Percussion proved that the tumor was remarkably resonant, and non-fluctuating; and upon grasping it, it would recede from the hand, and felt elastic. On passing my finger through the mouth of the womb, (which was plugged by a coagulum of blood,) there was a discharge of foetid and very offensive gas, and on withdrawing my finger and making pressure on the tumor, quite a free discharge of this took place, with notable diminution in the size of the womb. Re-introducing my finger, I removed several putrid clots, and also a small portion of the placenta in a decomposed condition. I then applied a roller bandage, gave ergot, and ordered injections of diluted chlorinated solution of soda. The womb did not enlarge again, and my patient, under the use of tonics and stimulants, soon recovered her usual health, and has continued well almost ever since, but has not become pregnant again.

This was a characteristic case of uterine tympanitis, and evidently produced by the decomposition of portions of the retained placenta and clots of blood.

Physometra, uterine tympanites, accumulation of gas in the womb, though so rare an occurrence that few physicians ever meet with a genuine and well-marked case, and many writers on diseases of women fail to mention the subject at all, nevertheless

does happen occasionally, and like hydrometra, hæmatometra, pyometra and hydorrhœa-uteri, (an unnatural and excessive activity of the follicles of the neck of the womb,) is of sufficient importance for us to make ourselves capable of diagnosing and treating a case properly when we meet with it.

This disease, as the name indicates, is an accumulation of air in the uterus, producing a tympanitic, distended condition of that organ, and consequent enlargement of the abdomen to a greater or less extent, in proportion to the amount of gas contained within the womb, simulating in appearance, and in some instances liable to be mistaken for pregnancy. It may be idiopathic, originating from deranged action of the lining membrane of the uterus, by which gas is secreted or formed, or it may be produced by the decomposition of a portion of adherent or retained placenta, a coagulum of blood, or from the result of cancerous ulceration, whereby putrid gas is generated, and from occlusion of the os, is retained within the womb. Ample proof has not yet been furnished to satisfy us, that the lining membrane of the uterus in a perfectly healthy condition, ever does secrete gas; and sufficient autopsical observations have not been made, to determine whether the accumulation of the gas in utero originates from mere functional disturbance, or from a chronic sub-acute inflammation, but the preponderance of evidence, as well as our knowledge of the functions of the healthy womb, tend to prove that in all such cases, actual inflammation or ulceration does exist.

Many authors contend that occasionally air is drawn into the womb soon after the escape of the foetus, and if Dr. J. Marion Sim's idea of the great distention of the vagina being produced by atmospheric pressure alone in the use of his speculum be correct, we can see no good reason why air may not, in a similar manner, rush into a womb if there be a vacuum there. I cannot, however, believe that this often happens, but am convinced that whether or not any air be drawn into the womb, in the great majority of cases, its generation is due to the decomposition of a portion of retained placenta, or membranes, or clot of blood, or from cancerous ulceration or chronic inflammation. In these cases we do not necessarily require that the lining membrane of the uterus

should be diseased at all, because the gas is produced simply by chemical change, by decomposition of animal matter, just as we frequently find it accumulated in, and escaping from the womb, when we remove a dead foetus, putrid before the commencement of labor. The gas accumulates within the womb and does not escape, because the os uteri is occluded by the very material which generates the gas.

DIAGNOSIS.—The abdomen will be more or less enlarged, according to the amount of gas accumulated, and on pressure we can detect a well-defined egg or pear-shaped tumor occupying the middle line of the abdomen above the pubes, and extending up towards or even above the umbilicus, evidently connected and in continuance with the womb, as felt by vaginal examination, and varying in size from that of the uterus at the fourth to the seventh month of pregnancy. The most marked characteristics of the tumor, and those which distinguish it from all others, are decided resonance on percussion, elasticity, well-defined ovoidal shape, absence of fluctuation, lightness and mobility on vaginal examination, as well as the occasional escape of gas, and the fact that as a general thing, it comes on after abortion, premature labor, or the delivery of a putrid foetus, when some foreign decomposing mass has been retained within the womb.

Taking into consideration these facts, and noting also complete absence of active foetal movements, of ballottement and the cardiac sounds, we can hardly mistake it for pregnancy. The os uteri is generally, but not necessarily closed, and the accumulated gas will not always be discharged by the mere passing of a catheter into the womb, unless at the same time uterine contraction be produced.

We can easily move the tumor by vaginal taxis, and thus see that the distension cannot be due to tympanites abdominalis, or tympanites intestinalis.

In idiopathic cases, the accumulation of gas and consequent distension of the womb, goes on very gradually, whilst in the other cases it may be produced rapidly.

Little or no pain is usually felt, nor does the tumor occasion as much inconvenience as tympanites intestinalis even, but in other

instances it attains so great a size as to seriously interfere with the functions of the bladder and rectum by pressure, to produce œdema of the lower extremities, and sometimes ascites. Again, the woman may be exceedingly debilitated from the loss of blood, and the generation of putrid gas within the womb may produce such empoisonment of what is left as to produce typhoid symptoms, and render the patient's condition very uncomfortable and precarious.

TREATMENT.—The first indication of treatment is to allow the gas to escape, by passing a long tube or catheter into the womb, and if the generating cause can be ascertained, to remove it, and then to excite uterine contractions. If it has come on after miscarriage, labor at full term, or the delivery of a dead foetus, the finger should be passed through the cervix uteri, and if necessary the hand carried gently into the womb to remove any adherent or retained placenta or other decomposing matter, during which time the gas will escape, and by pressure from within and without the womb may be made to contract upon itself. A light roller bandage should then be applied over the abdomen, and the fluid extract or wine of ergot should be administered to excite and maintain uterine contraction. In some cases, cold effusion or the vapor of ether applied by the nebulizer to the lower part of the abdomen, might produce the same effect. Where there has been much hemorrhage I should not hesitate to use intra-uterine injections of water containing the per-sulphate or per-chloride of iron, or tincture of iodine, as the case might demand. Vaginal injections of diluted chlorinated solution of soda should be freely employed. Absolute rest is also required where passive hemorrhage continues, and tonics and stimulants are always indicated.

THE PATHOLOGY AND TREATMENT OF DIPHTHERIA.

BY DR. M. K. STARKE, LITTLE ROCK, ARK.

The observations which I have to make in regard to the pathology and treatment of this very serious and alarming disease, are based on my practical experience in the treatment of numerous cases which have been under my care.

I may not be able to throw much light on the subject, but desire, nevertheless, to record the result of my experience and treatment, as well as my observations of the peculiarities of this most distressing complaint, in the hope that I may be able to add something to the valuable stock of information already received. I do not propose to enter into the details of the characteristics of the disease, or intend to give the differential diagnosis between it and other affections—this has been most ably and elaborately done by Prof. E. S. Gaillard, of the Richmond, Va., Medical College, in a prize essay, read before the Atlanta Medical Association, which leaves less to be desired on the subject than any other monograph we possess.

For preserving the economy in a state of healthful integrity, proper alimentation, aeration and calorification are essentially necessary, and a perversion or want of these essential elements of healthy nutrition, is capable of producing a peculiar morbid impression on the organism, resulting in a general or constitutional discrasia. We well know that the nurse's milk is either good or bad—wholesome or the reverse—according to the state of her health and the quality and sufficiency of her daily ingesta. We know also, that children are but too frequently *fed*, without any regard to nature's surest evidence of their ability to dispense with the breast of the mother—the appearance of the molar teeth—until which time the organs of digestion and assimilation should be considered unable properly to digest and assimilate other varieties of food, and children should be nourished almost exclusively from the mother's breast.

Impairment of nutrition may have been going on for weeks, or even months, and the vitiated diathesis remain latent, until by accident or surroundings it is called into action, and *disease* is developed. And even when disease is fully developed, the diathesis may be so marked by the manifestations of local lesions, as entirely to escape observation, unless from some peculiarity of child or parent our attention is particularly directed to it. Indeed, the local lesions may sometimes be so urgent, and may so completely arrest and engage our attention, that without stopping to inquire into, or attempting to remedy the general pathological condition, we are found directing our whole energies to what are but the sequents developed in the course of the discrasia.

When an epidemic of disease is prevailing, we are frequently, and often closely interrogated by the ever anxious community as to the cause, and the vague and indefinite answer not unfrequently given is, that there is a "peculiar morbid condition of the atmosphere" or a "noxious principle in the air respired," a mere assertion, unsupported by a particle of demonstrable proof. To establish such an hypothesis, there is as yet nothing we can call to our aid save mere inductive reasoning.

Now what is the cause of diphtheria? The microscope has not yet revealed the *cause*, either of lesion of function, or of lesion of structure. Chemical analysis, whatever hope we may have from this method of investigation, has not yet solved the problem. All eudiometric tests have failed to detect any noxious matter in the atmosphere competent to generate disease, unless we accept Prof. Salisbury's views, which are yet without confirmation, and his alleged discoveries may prove a mere coincidence and not a cause. As far as etiology is concerned, the hypothesis of occult qualities of the atmosphere, peculiar miasmata or malaria, and epidemic influences, &c., &c., are as yet mere names without definite meaning, and belong rather to the dogmatism of theory than the expression of facts.

In the course of my observations I have noticed that the chosen subjects of this disease have been those in whom there exists some constitutional cachexia—the weakly, the scrofulous, the offspring of poorly fed, sickly and delicate parents; the early

orphaned and bottle-fed infants; those deprived of the proper elements of nutrition, and whose organs of digestion and assimilation could barely manage or appropriate them if present. I consider therefore, the primary causation of the disease—the pathological condition favoring its development—to be a vitiated condition of the system, the effect of impaired and insufficient nutrition, upon an already strumous or otherwise depraved diathesis, either peculiar to the child or derived from the parent. If these views are correct in regard to the pathology of the disease, if the morbid condition is dependent upon defective assimilation and sanguification, rendering the blood deficient in organic and nutritious matters, our endeavors in the treatment of the disease should be directed to an improvement of the general condition of our patient rather than to the local lesions; and to meet this indication we prescribe the tr. ferri chl., quinia sulp., and brandy proportionate to age, and at intervals varying according to the severity of the attack. If the local lesions are urgent, and the patient can be easily controlled, there can be no objection to the ordinary chlorinated washes or gargles; but the indiscriminate swabbing process, when we cannot see the condition of the throat, is fraught with any but good results. After the third or fourth day, which is about the usual time for the false membranes to soften and become detached, their removal may be facilitated by an emetic of ipecac, which will generally cause them to be thrown off.

The patient should also be encouraged, and if necessary, forced to take freely and frequently of suitable nourishment, and I know of nothing better than fresh country milk. The laws of hygiene should be strictly observed and enforced, and of course due consideration given to any complications which may arise.

In a recent number of the *London Lancet*, Mr. J. Waring Curren very strongly recommends the inhalation of iodine in the treatment of this affection. Having witnessed the progress of three unfavorable cases in which “every means was had recourse to in order to stay the virulence of the disease, and every method of treatment adopted to afford relief to the distressing symptoms,” he was induced to try the effect of iodine, having some

time previously experimented upon, and observed the beneficial effect it produced in destroying the morbid products thrown out in cases of "pip" among chickens. In none, he says, of the three fatal cases, could tracheotomy have been beneficial, as the false membrane extended to the bronchi, nor would "local depletion, in order to diminish the inflammatory symptoms," have been justifiable on account of its general weakening influence and predisposing the patient to the repetition of fresh exudation.

The formula, (he says,) which I employ for inhalation purposes is the same as that formerly used by Sir Charles Scudamore in pulmonary phthisis, viz. : Iodine, iodide of potassium, of each four grains ; alcohol, four drachms ; water, four ounces. Of this, for each inhalation, commencing, I take a drachm ; add to it a pint of vinegar infused with a handful of dried garden sage, placed in a common inhaling jar, steadily increasing the quantity of iodine solution until I arrive at half an ounce each inhalation. The circumstances of the case, the age and strength of the patient, and the severity or mildness of the attack, guide me with regard to the number of inhalations, and the time occupied by each. For an average case, occurring in a healthy patient, I would say twelve inhalations at least per diem, with eight or twelve minutes (an interval allowed to rest) for each. The loss of valuable time in country practice, occasionally, will not permit the delay of sending and waiting for an apparatus ; accordingly not unfrequently I have been compelled to make my inhalation in the following manner :—Having boiled the vinegar and sage, place it in a teapot with a long spout, and when the patient is prepared to inhale, add the iodine, cover the lid of the vessel with a cloth, keep up the temperature by a spirit-lamp placed underneath, and holding the vessel by the handle, allow the patient to inhale through the spout. Laryngeal irritation is in a great measure prevented by the small quantity at first used, through the patient becoming gradually accustomed to it.

After detailing the treatment of three successful cases, he concludes his paper as follows :

I possess notes of seventeen additional cases, the recital of which would occupy considerable time and space ; and, as I consider the history of the three cases given will be sufficient stimulus for others to adopt the same line of treatment as that which has proved so successful with me in warring with a virulent malady, and combating so closely with death, I shall conclude my

paper on the subject with the hope that iodine will be found eventually by others the specific for diphtheria, which I look upon it to be.

[Dr. Searey, of Alabama, speaks thus, in the *Atlanta Medical and Surgical Journal*, of his experience in the treatment of this disease :—"I now treat it with a saturated solution of chlorate of potash, acidulated with muriatic acid, *i. e.*, 100 grains of the potash in four ounces of water, adding one drachm of muriatic acid. To a child of ten years old give a teaspoonful every two hours in sweetened water, and less to younger children. I directed two pieces of fat bacon to be sewed to a piece of cloth, and bound to the neck over the tonsils, and to be worn until after convalescence. When the skin is hot and dry, rub the patient all over with a piece of bacon rind, then wash off with warm water and soap. This always lessens the fever, producing sleep and perspiration. This should be repeated as often as the hot skin requires. Gentle aperients, gruels, teas, &c., should be directed, but an active purgative or emetic should never be used."—ED.]

ARSENIC IN THE TREATMENT OF PHTHISIS PULMONALIS.

Translated from the *Mouvement Medical*, by P. E. FIQUET.

Dr. Moutard Martin, Physician to the Hospital Beaujon, read a paper at a meeting of the Academie de Medicine on the value of arsenic in the treatment of Phthisis Pulmonalis, the conclusions of which are as follows :

1. Arsenical Medication has a most positive action on phthisis pulmonalis.
2. Its action is more efficacious in the slow form of phthisis than in phthisis accompanied with fever.
3. Phthisis of rapid progress and acute granular phthisis are not at all modified by arsenic.
4. In a certain number of cases, even in the advanced stage of phthisis with hectic fever, the general condition of the patient is favorably modified, at least for a time, which *may* be quite prolonged.

5. The modification of the local lesions is produced but slowly.

6. A certain number of recoveries ought to be ascribed to the arsenical treatment, which number would be much increased if patients would not too soon believe themselves cured, and if they would persevere longer.

7. In order to be efficacious the treatment should be continued for a long time.

8. Arsenic ought to be administered in very small doses.

9. The daily doses should not exceed two centigrammes. (Dr. Moutard Martin used granules of arsenious acid of *one* milligramme each. He begins with *one* or *two* milligrammes, and gradually increases the dose, milligramme by milligramme, as the patient can tolerate it.)

10. Arsenic is much better borne by patients in the early stage than by those already in the advanced stages.

11. If the doses do not exceed from 15 millimetres to 2 centigrammes, the tolerance of the patient may be said to be indefinite.

12. The most manifest action of the arsenical treatment is restorative, and secondarily modifying of the pulmonary lesion. Certain facts prove that arsenic exercises a direct action on the respiratory function, yet it may on the pulmonary tissue itself and on the tubercle.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by A. J. STEELE, M. D., Recording Secretary.

REMOVAL OF TUMOR.

Prof. Hammer presented an occipital bone of a male child, æt. six months, on whom he had operated a fortnight before for the removal of a tumor, the size of a horse-chestnut, situated at the posterior part of the head. The affection, he said, had been

congenital. The tumor at birth was of small size but had steadily increased to the time of operation, at which time the fontanelles appeared more open than normal; the scalp in the region of the tumor was congested, and that at its base thickened and quite vascular. The pedicle was broad and not well defined. Treatment by caustics and scarification had been employed by the attendant physician, before his attention had been called to the case, but without benefit, as the tumor had continued to increase in size.

A difference of opinion had existed among the medical gentlemen present at the time of the operation, as to the character of the tumor, but he (Prof. H.) had pronounced it fibrous, adipose and vascular in composition—a condition occasionally met with and which he himself had met with once before.

The child being moderately anæsthetized with chloroform, an elliptical incision was made through the scalp down upon the tumor, which was carefully dissected out. The part being exceedingly vascular, much hemorrhage was encountered, but was controlled as well as possible by pressure with the fingers. The pedicle was found attached to the dura mater through an aperture—which could be readily defined with the finger—in the occipital bone. Much caution was necessary in raising the tumor from the intercraneal membranes lest they should be cut through. The hemorrhage was arrested by liq. ferri persulph. and pressure, after which the edges were brought together by a few stitches, and simple dressings applied.

The little patient survived the operation but three days.

At the necropsy the venous sinuses of the head were carefully examined, as fears were entertained that a thrombus had formed consequent to the local inflammation, and thus the current of blood been arrested, but a careful research disclosed nothing abnormal. The wound was already healing kindly. The occipital bone was removed entire; it had originally been separated into two lateral halves, but had been united through the whole extent of the median line except at the artificial aperture, which was elliptical in shape and sufficiently large to receive the end of the index finger, and situated immediately over the sinus.

Microscopic examination demonstrated the correctness of Prof. Hammer's diagnosis. The tumor was connected with the dura mater by a small hollow pedicle, the canal of which was about large enough to have admitted an ordinary sewing needle, and seemed to terminate blindly at the periphery of the tumor. The tumor was very vascular, particularly on the surface. A section through the centre of the tumor showed two different kinds of fibrous tissue—the peripheral, hard, dense, and yellowish white—the central, more soft, almost gelatinous and pale, or rather colorless. The microscope showed the first to be fully developed fibrous tissue; the latter to be *mucous* or non-developed fibrous tissue. Both kinds were vascular and abundantly interspersed with fat cells.

Histogenetically the tumor had evidently proliferated from the dura mater and remained firmly attached to it. Its growth could not have been arrested. Tumors of this character sometimes increase to such magnitude as to hang down and rest on the back.

As to the exact cause of death in this case, Dr. H. would not express an opinion. One thing, however, he said was certain, that even though the operator may have been justifiable in this case, in a similar case he would wait until the patient was some years older, as the unavoidable loss of blood in such an operation could not but have such a depressing effect upon the very young as to interfere very materially with the chances of recovery.

SPINA BIFIDA.

Dr. Steele presented an interesting specimen of Spina Bifida. In giving the history of the case, he stated that while the pelvis of the child—a female at full time—was passing the inferior strait, the accoucheur observed a sudden gush of several ounces of slightly colored fluid, which excited some surprise, but was readily accounted for by discovery of a tumor over the lumbosacral region of the child, of about the size of a hen's egg, with a rupture at its most prominent part, through which the fluid was still oozing. For several days the child took nourishment, but subsequently refused all food, had several convulsions, and died

on the eleventh day. The treatment had consisted of the simple application of pledgets of lint saturated with glycerine.

The case had been presented to Dr. Hammer for his advice, and had been by him exhibited to his class, during life, and it was at his suggestion that Dr. Steele had made the post mortem examination.

The specimen consisted of the lower end of the spinal column with the morbid out-growth attached. For its better display, Dr. S. had divided it through the centre by a vertical antero-posterior section. The terminal portion of the spinal cord—the cauda equina—had entirely quit the spinal canal, and passing directly backward through the aperture left by the undeveloped arches and spinous processes of the fourth and fifth lumbar vertebræ, passed through the centre of the sac, to be attached to the inner surface of its posterior wall, where it was spread out and lost. The nerves were intimately united with each other in the leash and arranged in a tubular form. Excepting that it was somewhat thinned, the integument was normal, and was closely connected with the sac, which was composed of dura mater and arachnoid. These membranes could readily be separated from each other. The orifice of the neck of the tumor measured half an inch vertically. Examination with a glass showed numerous fine hairs growing from the skin or rather side of the base of the tumor.

This affection, he said, may have been caused in one of two ways; either there was an arrest of development of the arches of the vertebræ involved, thereby allowing a protrusion of the theca and cord, which increased in size consecutive with the collection of subarachnoid fluid; or, there may have been primarily and before the closure of the vertebral arches an abnormal collection of fluid within the membranes, a hydrorachitis—due possibly to inflammation—which, bulging out at this part, actually prevented by its presence the formation or completion of the arches. The fact of the lumbar and sacral arches being the last of all to form, would seem to favor the latter view, but personally he did not incline to this opinion, for it would seem that an undue collection of fluid within the cerebro-spinal canal would have

induced hydrocephalus as well as hydrorachitis, as in fact we often find them associated, but in the present instance the hydrocephalus was wanting.

This case, he said, was not a typical one of spina-bifida, but was more so as to its location than as to the contents of the sac. Often a few nerves only, or none at all, are to be found within the sac, and such cases are those which especially interest the practical surgeon, as it is in such that a cure is possible, either by removal of the tumor or by exciting adhesive inflammation within its cavity. Such procedures are applicable only to the cases in which nerves do not form part of the contents of the sac.

Next to hare lip this was, he said, the most frequent of congenital malformations, but unlike hare lip, to it the *ars chirurgica* holds out but a small chance of relief or cure. The reasons of this are two fold : first, the frequent presence of the cord and of nerves within the sac forbids active interference ; and secondly, the communication existing between the cavity of the spinal theca and that of the tumor is such that the inflammation, which the surgeon might desire to excite within the sac, would extend to the cord and its membranes. Nevertheless, surgical aid has given relief in some cases and effected cures in others. At times the tumor may be supported by a truss, and the integument strengthened by the application of a mixture of collodion and castor oil, or a solution of gutta percha in benzine or chloroform. Again, tappings may be resorted to, and where there is absence of nerves, and closure of the neck of the sac either already exists, or will allow of being accomplished by pressure, injections of iodine, diluted with the fluid taken from the part, may be used advantageously for the purpose of exciting adhesive inflammation, as in hydrocele. Removal with the ecraseur has succeeded in some cases where a simple sac had to be dealt with. It was unnecessary, he said, to remark that the present was not a case for operation—the hernia of the cord and the rupture of the sac forbidding any interference—but that it might not be uninteresting to know that the medical attendant in this case had seriously contemplated the removal—in fact had made ready to remove this tumor, thinking such a procedure would subserve the best interests of the

child. He also asserted that the fluid contents of the sac evacuated at the time of its rupture, and what afterwards continued to ooze from it was meconium, and nothing more or less; and asserted at the post mortem examination that a communication would certainly be found existing between the lower intestines and the tumor.

Certainly it was to be desired, he said, that the time would soon come when such ignorance would no longer be tolerated in the profession.

SAINT LOUIS MEDICAL SOCIETY.

PUERPERAL FEVER.

A Paper read by Dr. L. CH. BOISLINIERE, before the Society.

MR. PRESIDENT:—Allow me to present this evening a few remarks on the above subject, not so much as an attempt at exhausting so important a theme, as to elicit discussion from other members of the Society.

The puerperal condition exists not only at the time of parturition, but extends also to the menstrual periods and even to the foetus. This condition is productive of many departures from health, such as anæmia, chlorosis, &c., and a certain purulent diathesis. Puerperal fever is quite another thing however, and requires both a uterus in a period of activity for its origin or its soil, and the introduction from without of a morbid matter or seed for its development.

Puerperal fever is neither a metritis, nor a phlebitis, nor a peritonitis, nor a pyæmia or putrid infection, nor an erysipelas, nor a pleurisy. It is a disease *sui generis*, and what superficial minds take for so many different diseases, are but the multiple and various manifestations of an unique cause. When a parturient woman is taken with a violent and protracted chill, accompanied with alteration of the features, a small and frequent pulse, and restlessness, as occurs at the outset of puerperal fever, no one can tell what will be the form of the disease, whether a purulent infection, a peritonitis, a pleurisy, a meningitis, or some extensive

erysipelas. A peritonitis is, however, the most frequent manifestation of this disease. The uterus is the necessary starting place for the disease; it becomes almost always implicated, and this is the reason why a certain class of physicians, wedded to the observing of small facts, see in puerperal fever nothing but a metro-peritonitis.

Considered in an anatomico-pathological aspect, puerperal fever differs essentially from most of the severe continuous fevers. After recalling the results of ante and post-mortem researches, we must conclude that there is scarcely any organ which may not suffer some alteration during the course of this disease, as almost every viscus or tissue has, at one time or other, been found altered. Thus puerperal fever differs from the so-called essential fevers, inasmuch as it has no anatomical character proper. However, one predominant lesion exists in almost every case, namely, extensive or circumscribed suppurations, often disseminated and found in almost every organ and tissue. But an exceptional fact is the occasional absence of any manifest alteration any where in the organs or tissues. It is not, therefore, the extent or the intensity of the inflammation which gives a characteristic mark to the symptoms of puerperal fever, but what Trousseau does not hesitate to pronounce, *specificity*. How are we otherwise to explain in some years and places the innocuity, and under different circumstances the virulence of the disease? How, it will be asked, are we to distinguish between a simple and an epidemic and specific puerperal peritonitis? If a distinction is impossible, it does not follow that there is no difference between the two, for anatomical differences are not the only possible ones.

As to the intimate nature of the disease and its cause, Trousseau says:—"In whatever manner the morbid matter has pervaded the economy, either by being generated in it or imported from abroad, it there germinates, and it is especially on wounded surfaces that this matter finds a fertile soil, where it multiplies and propagates itself to the whole system. Thus does the blood, infested with a single drop of variolous matter, produce a purulent envelope of the whole body."

On this very important point we shall quote the words of Paul

Dubois, the eminent man who had seen so much and written so little—here he resumes the experience of his whole life:—"What is puerperal fever? On this capital question opinions are yet divided between the old doctrine of purulent and putrid infection and that of the essentiality of the disease, which essentiality supposes the intervention of a general cause, unknown in its essence, and of which one of the primary effects is an alteration of the liquids, especially of the blood. I do not believe in an initial purulent infection, because the extensive, and especially the disseminated suppurations found in this disease, appear to me already an effect rather than a cause of the alteration of the blood, and because the instances of fatal cases of puerperal fever, without any apparent trace of suppuration, are already numerous enough to justify the opinion I have just expressed. I believe still less in septicæmia as a cause of puerperal fever, because this doctrine appears to me still less founded than the other. Who does not, in fact, perceive that if the retention of a certain quantity of altered liquid or coagulated blood in the uterus could become the cause of an empoisoning of the whole blood, and of the effects attributed to this toxæmia, a constant natural and inoffensive condition would be converted into a condition of great and permanent danger? There would scarcely be a case of post partum hemorrhage which would not be complicated with putrid infection or phlebitis, for there is no considerable hemorrhage after labor which is not followed by the retention and alteration of some clots in the genital organs.

"In the present condition of science, I admit a primitive alteration of the blood by some unknown cause, because this hypothesis appears to me quite admissible, and because on the ruins of other opinions 'it is the only one to which I can cling.' I even believe that, in many cases, this cause is pregnant with the elements of the gravity or innocuity of the disease and with its future destiny; thus, as the cause which produces the variolous empoisoning of the blood, holds under its dependence the specific and disseminated inflammations, which latter will eventuate in the discrete, or in the confluent pustules of small pox."

Such is, therefore, in our day, in spite of the scruples of those

who dare not free themselves from the shackles of anatomism, the last word on this question,—and we must say it again, *Puerperal fever is a specific disease.*

I hope I shall be forgiven the stress I lay upon this specificity, when I recall to the President and members of the Society the character of the epidemic of puerperal fever we witnessed last year.

This fever began early in the spring, and continued during the whole year. It was, you remember, of a low character, a true *puerperal typhus*, and very fatal. It presented none, or very little of the symptoms of metro-peritonitis. In all cases, the invasion was rapid, often within forty-eight hours after delivery, and it ran its course to a generally fatal termination in four or five days. It began with a violent and protracted chill, followed by a quick, feeble pulse, and rapid tympanites. The patient showed extreme agitation, was apprehensive of death, had hyppocratic features, and sometimes, delirium; no pain, or very little pain, could be produced by pressure on the uterus or abdomen.

It prevailed in every part of the city, and among all classes, especially the primiparæ, and seemed to follow in the wake of two or three particular midwives.

The various treatments adopted, as a rule, failed. I lost nearly all my cases.

Dr. Cooper, of this city, reported two or three successful cases, treated by the hyposulphites, and I hope he will presently favor us with a recital of these cases.

I tried the hyposulphite of soda, perhaps too sparingly. At the Lying-in Hospital, they were tried, but without success, perhaps on account of the smallness of the doses. The house had to be closed three months on account of the mortality. In case of the reappearance of the disease, instead of the hyposulphite of soda, tried last year, I would try the sulphite of magnesia in thirty to forty grain doses, every two or three hours. Polli prefers it as a curative, and the hyposulphites as prophylactics of zymotic diseases. Several cures by these remedies have been lately reported in England. At the same time a sustaining and stimulating course should be adopted. Lately, I had a case

which recovered under the administration of large doses of the sulphite of magnesia, thirty grains every two hours, bark, and a quart of brandy in the twenty-four hours. This had to be kept up, generally, until the pulse fell from 145 to its normal rhythm.

The cases alluded to above are illustrations of a purely specific puerperal fever, without *any appreciable anatomical lesion*—a sort of *puerperal typhus*.

The disease, however, does not always run this course, and more commonly we have to deal with puerperal peritonitis. Now, I consider peritonitis as the frequent, but not constant localization of the puerperal fever, and in its treatment, the essentiality of the disease should be borne in mind.

I shall not enter here into a description of the symptoms of this disease, as they are familiar to all. I may only say that I adopt the division of the disease into three classes.

One, a specific typhoid character, calling for the treatment above alluded to.

The second includes the cases of peritonitis characterized by the ordinary symptoms of this affection in the male, but accompanied by the suppression of the lochial discharge, and of the milk, two circumstances, the importance of which, however, have been exaggerated.

Thirdly, the cases of purely localized metritis, and endo-metritis, where the pain is limited to the space between the umbilicus and the pubes, sometimes to the right or the left.

In this latter class, leeches to the vulva and abdomen, as recommended by Behier, and to the os uteri in large numbers, (12), by Prof. Alonzo Clark, together with veratrum viride, is a very good plan of treatment.

In the cases of puerperal peritonitis complicated with metritis, leeches also—otherwise only the turpentine stupes,—and a plan recommended and practiced with very great success by Prof. Alonzo Clark, which consists in the administration of one or two grains of opium every half hour until relief is obtained. Prof. Clark uses no other medicine, and claims excellent success by this method. He is certainly very good authority.

Another plan, which is a compromise between the two methods, is successfully followed in this city by Dr. Papin, one of our eminent accoucheurs. It is to give one or two grains of opium with five grains of calomel every two hours until pain is relieved, and the patient's gums touched. Dr. Papin has assured me that every patient has recovered where the constitutional effect of the mercury could be produced; in his hands, salivation was salvation. But this result could not always be produced, and he lost some patients.

In most epidemic seasons, and where there was marked peritonitis, with a full pulse, I have followed his plan with success, except that I gave more opium and less calomel, and in very obstinate cases I have occasionally applied a large blister on the abdomen, which I dress with mercurial ointment, rubbing the inside of the thighs with the same. This is Velpeau's plan, and I have seen bad cases of puerperal peritonitis recover under it.

I have had no experience with the *veratrum viride* plan of treatment, and appeal to those members of the Society who have had.

As a prophylactic, I have, in times of epidemic, used, I believe successfully, the plan of Dr. Bean, who administered immediately after delivery, 20 grains of quinine to every patient, and 10 grains the day after; he quotes statistics entirely in favor of the plan, which was tried during an epidemic.

Puerperal fever is sometimes sporadic, but generally appears in an epidemic form, which usually exhausts itself in three or four months, but may reappear several times during the same year. When epidemic, it is no respecter of persons, and reigns in the palace as well as in the cottage. Young, vigorous, healthy women, with favorable pregnancies, and uncomplicated deliveries, will become victims to this epidemic. During severe epidemics the menstrual condition alone is required for its development. Female midwifery students then are attacked,—and the parturient woman exposed to it, even before the birth of her child, is in danger so long as the lochial discharge continues; several cases happening thirty and forty days after labor, being on record.

During epidemics, this disease has been curiously observed

to extend even to the females of animals, as observed in 1821 at Edinburgh, among the recently calved cows, to bitches, and even to laying hens, as seen at Prague, in 1835.

The foetus then frequently dies of peritonitis in the womb; and women giving birth to foetuses dead from that cause, themselves have died afterwards of peritonitis. In times of epidemic puerperal fever, the new born children are subject to erysipelas, purulent ophthalmia, diphtheria, and phlegmons, and a great many die of peritonitis.

The President then called on Dr. M. M. Pallen for an expression of his views upon the subject.

Dr. Pallen said that he would be brief; it was his desire to hear others speak rather than speak himself. In the main he agreed with Dr. Boislincere, but he regretted that Dr. B. had not been more explicit in his statements, and had not expressed more fully his own views, the results of his experience and observation rather than those of others. The views which he, (Dr. P.,) had entertained for years concerning puerperal fever, were these:—*Puerperal Fever* is a fever arising from the peculiar condition in which a parturient female is placed. In this condition some toxical element is introduced into the blood. The introduction of such element may be succeeded by inflammations of various organs or tissues, but inflammation does not necessarily follow. The inflammation is not the cause of the fever, nor is the fever the cause of the inflammation, but these result from a common cause, viz: toxæmia. It has been assumed for a very long time by many eminent pathologists, that the disease arose from local inflammation, as was taught by Gordon, Hayward, Lee and others; but those who believed that it was the result of a local inflammatory action, differed among themselves, in that some averred that it was sthenic inflammation, requiring the lancet, calomel, opium, etc.; others, that it was asthenic, and demanded the use of stimulants, whilst a third class believed that it was not at all inflammatory in its character, and was always to be treated as a disease of the typhoid type. *Facts* prove beyond a doubt, that in most cases actual inflammations do accompany puerperal fever, such as peritonitis, metritis, ovaritis, pleuritis, and inflammations of other

parts. But facts also prove that the disease occurs without any inflammation at all; for after death the abdominal organs and thoracic viscera have been carefully examined, and the uterine veins, and the veins into which these empty, have been cut open and carefully inspected, and no product of inflammation found. Now when the results of such microscopic examinations have been urged as a proof that the disease may exist without any inflammatory action, the believers in the doctrine that puerperal fever is the result of local inflammation assert that the examination was not pushed far enough; and *that in the radicles or capillaries might be found evidences of inflammatory lesions*. With such opponents it is useless to hold any argument. He had asserted "that puerperal fever was a fever arising from the peculiar condition in which the parturient female was placed," and he believed that it could not exist in any other condition. When Dr. Bedford said—and he thought that he quoted him correctly—"that young women, married and non-pregnant women, the new born child and the fœtus in utero, even when the mother has no symptoms of the disease, are liable to this affection," he, Dr. Bedford, uttered a most extraordinary opinion. It is true the fever is analogous to another disease, but this also arises from the peculiar condition in which the patient is placed. He alluded to surgical fever—a fever arising after surgical operations. He said that he had had occasion before in the Society to point out the analogies existing between the two. In the surgical patient there is a wound inflicted on an external part of the body by the surgeon's knife, and into this wound open the mouths of numerous blood vessels. This wound is repaired by the direct adhesion of its surface, or by the exudation of organizable lymph upon the surface, or by the formation of a new skin or new enveloping or connective tissue. Such a state of things is found in the uterus of the puerperal patient after delivery; the internal surface of the uterus is denuded of its mucous membrane by the separation of the placenta and the exfoliation of the decidual membranes. Into the uterus open numerous blood vessels, and it is repaired like the stump of an amputated limb, by the exudation of organizable lymph upon its surface, and the development of a new

layer of mucus membrane. Again, the surgical patient is liable to shock; so is the parturient patient. The surgical patient is liable to hemorrhage, both primary and secondary; so is the puerperal patient; and both are followed by fevers presenting the same phenomena during life, and the same lesions or non-appearance of lesions after death. This opinion has been ably advocated by Ferguson, Simpson, and others. Will any one contend that surgical fever is nothing but a peritonitis or pleuritis, or even a phlebitis? For, does it not occur that patients die with fever after surgical operations without any marks of phlebitis at all? Does it not occur that even when embolia are found in the veins, they are not the results of inflammatory action, but are the results of the coagulation of the blood produced by the absorption of a poisonous element into the circulation? That such coagula are formed by absorption of a poisonous element is proved by the experiments of Mr. Lee, who injected decomposing animal matter into the jugular veins of brute animals. If, therefore, surgical fever may exist with or without inflammations, why may not its analogue, puerperal fever exist in the same way? If surgical fever be a fever peculiar to the surgical patient, why may not puerperal fever be peculiar to the puerperal female whose condition is about the same? Puerperal fever being a fever peculiar to the parturient condition, what is it that produces it in such cases? Some toxæmic agent introduced into the circulating fluid.

Dr. Boisliniere quoted Dubois, and he (Dr. P.) presumed correctly—but as for himself, he did not recollect with certainty what Dubois had said on the subject—“that the fever does not arise from the absorption of the vitiated fluids in the uterus; for if such were true it would be likely to happen very often, as the conditions always exist.” To this it may be replied: Is it not also true that amputation and other operations are often made and no fever follows? But at other times surgical fevers after operations are the rule, and freedom from them the exception. Fever sometimes prevails in surgical wards of certain hospitals with alarming frequency and fatality; even in the wards of all the hospitals in a city. So does puerperal fever occur sometimes as an epidemic; sometimes as an endemic; sometimes confined to

one hospital alone. There are certain changes in the condition of the atmosphere, or there may be telluric emanations which will favor the absorption of zymotic matter and render both surgical and puerperal fevers more prevalent. What these predisposing circumstances are, it is impossible in the present state of our science to determine. He did not mean to assert that puerperal fever is owing only to the absorption of zymotic matter from the uterus itself; it might be introduced from without. This was demonstrated by the circumstances which occurred in the Vienna hospital, as communicated by Dr. Arneth. He only referred to these as they were familiar to every one present. Since the publication of Arneth's paper, experiments have been made on animals with the following results:—Any kind of putrefying animal matter introduced into the vagina of a parturient female produces a malady bearing a strong resemblance to puerperal fever, and frequently followed by death. A very small quantity of fluid from the vagina of a woman or animal attacked with puerperal fever being introduced into the vagina of some other puerperal animal causes puerperal fever, or something very much like it. He was unable to agree with Dr. Boisliniere, that women may have puerperal fever when not parturient. They may have peritonitis, which may arise from causes very different from those producing puerperal fever. They may have metritis, peritonitis, or any other form of inflammation, and so may males; but this is different from inflammations following the toxæmic condition of the puerperal female, that, as he had already stated, arises from the vitiated condition of the blood itself. Now, entertaining the views, that puerperal fever is a disease dependent upon the vitiation of the blood, and may be followed by inflammations, sthenic or asthenic, or by no inflammation at all, and that it varies in different endemic and sporadic cases, he did not think that any one plan of treatment was applicable. We cannot rely on the hypo-sulphites, nor on veratrum, nor on opium, nor on any one remedy. He regretted to hear Dr. Boisliniere quote Dr. Alonzo Clark with seeming approbation. In one case Dr. Clark gave to a woman opium in most enormous doses. On the second day, for instance, she took 472 grains; on the third day she took 236

grains ; after that the dose was rapidly diminished, until on the seventh she took 8 grains ; but this by no means proves that opium is *the* remedy in puerperal fever. It merely proves the extent to which a patient may bear opium without dying. Dr. Armstrong, who believes puerperal fever to be a form of peritonitis, relied greatly on the lancet, calomel and opium. He asserted that if he were to be deprived of any one remedy, he would rather be deprived of any other than opium. He, like Dr. Clark, placed great reliance on opium, though he did not go to the astonishing extent that Dr. Clark did. *Every case is to be treated upon its peculiar merits.* Sometimes the inflammatory element runs so high that it alone is to be considered, and it may demand the use of the lancet and other depletory remedies. He did not by any means discard the use of the lancet on such occasions ; he had often bled and leeches, and never had occasion to regret it. He never lost a patient whom he bled, with the exception of one, and that occurred twenty-five years ago. He said that he did not mean to assert that on all occasions antiphlogistic treatment was necessary. Due respect to the prevailing tendencies of disease must be observed. At this time, when there is a great proneness to diarrhrea in this city, practitioners must be very chary of the use of purgatives. Even a slight purgative might produce a troublesome diarrhrea. Here Dr. Pallen recited the history of a case in his own practice, in which there was decided inflammation and at first constipation, and a troublesome diarrhrea supervened upon the exhibition of a little calomel guarded by opium ; but the patient recovered under the use of astringents and brandy. Continuing, he said : It is also a common result in puerperal fever that diarrhrea supervenes, nature thus eliminating from the system the toxæmic element. Experiments have proved that it is in this way, *i. e.* by the diarrhrea that nature eliminates the poison of putrefying matters when injected into the veins. He would not recite to the Society these experiments, as they were familiar to all ; nor enter at present into the question of the contagiousness of puerperal fever, or its resemblance to erysipelas, as he feared that he had already occupied too much of the time of the Society.

Dr. Hammer being called upon, took the floor and said:—For reasons obvious to the members of the Society, he had not seen a case of puerperal fever for the last fourteen years, and therefore would not have taken part in the discussion but for the attack made by Dr. Boisliniere on what he termed “anatomism in disease.” This prompted him to analyze the pathology of this affection. He stated that he could not endorse the views advocated by Dr. B., but he agreed for the most part with those expressed by Dr. M. M. Pallen—especially when he lays stress upon the analogy of puerperal fever and pyæmia supervening on surgical operations. He differed, however, with him in regard to all the symptoms, which, in his opinion, make up the disease. In this respect Dr. Pallen was not sufficiently clear and lucid, and no doubt confounded certain conditions, which are totally different from each other. The first question to be answered is, what do we mean by puerperal fever? Dr. Hammer was satisfied from what had transpired during the evening that peritonitis, perimetritis, para-metritis, endo-metritis and puerperal fever had been confounded promiscuously and without discrimination; and that conditions have been described as puerperal fever which are nothing but simple peritonitis or a species of metritis. Furthermore, he had noticed that a special unknown, zymotic, imaginary agency is looked upon by some members as the specific cause of the disease. He would go a step further than Dr. Pallen, in asserting that there is not only an analogy between puerperal fever and pyæmia supervening on surgical operations, but that there is an entire identity. Peritonitis, total or circumscribed, or any form of metritis, have to be separated from puerperal fever, for some of these affections may take place in an individual who has no uterus, and any of them may occur in one in whom the uterus is not in a parturient condition. These affections, therefore, do not stand in any peculiar relation to the puerperal condition of the uterus. Puerperal fever is nothing more nor less than pyæmia in the old sense of that word. Now what is pyæmia? It may be produced in two different and altogether distinct manners. It may arise on the one hand from a *thrombus*, or from thrombi in a vessel or in vessels, particles of which become detached by

the collateral circulation, and are carried off and find their way as embolia into far distant organs, where they cause obstructions of the capillaries and thereby give rise to inflammations, which may either terminate in an abscess or abscesses, or may cause gangrene of the parts thus cut off from nutrition. This is one form of pyæmia, and not the least, by far, in frequency, and in which we may meet with one or quite a large number of abscesses in different parenchymatous organs or beneath the cutaneous surface. The second form of pyæmia is produced in quite a different manner. The first form is of a mere mechanical character, the second is purely toxic in its nature. It is well known that the "*pus bonum et laudabile*," in a healthy condition (if we may use the term), if brought into the general current of the circulation, will scarcely do any harm, if we except a slight febrile action; but we know on the other hand, that after pus, which has undergone a fermenting process, or which has been contaminated by the access of air, or in any other manner, reaches the general circulation it gives rise to the most alarming so-called septic or putrid symptoms, a condition which is known by the name of septic or putrid fever.

We know, furthermore, that if an inflammation terminates in gangrene, even superficial, that the products of decomposition—such as sulphuretted hydrogen, phosphoretted hydrogen, ammonia, butyric acid, fulerianic acid, &c.,—are the richest sources of a general intoxication of the most violent character, provided that they get into the general circulation. Experiments instituted with these agents have clearly proven their highly poisonous action. If we make the proper application of these well known and established facts to the disease in question, it is easy to find the proper solution. A uterus after parturition presents a denuded surface—an open wound upon which ruptured vessels are visible. If the process takes its normal course, a thrombus is formed in each of the ruptured vessels, which by organizing will completely and permanently close these; and again, a regenerative process will bring on a *restitutio in integram*, or the wounded surface may heal by the so-called formative or regenerative granulation process. Any cause, no matter what it may be, which

produces a disturbance of the organization of the thrombi, or of the regenerative process of the denuded uterus, will or may give rise to one or the other form of pyæmia, and in this case to puerperal fever. Puerperal fever, arising from embolia, may take place shortly after the formation of the original thrombi, or even at a far later period, the pyæmia in the latter case being owing to a want of organization and rather to a decay of the thrombi—a circumstance which induces us, even in our days, to speak of a phlebitis, as advocated by Cruveilhier. Phlebitis, in the sense of Mr. Cruveilhier, never takes place, but consists in a breaking down and softening of a thrombus which ought to have organized.

Dr. Papin had related two beautiful cases, illustrating very clearly the *modus operandi* of thrombi, in the later period, three or four weeks after delivery, producing puerperal fever in one case with abscess in the lung; and in the other, in the region of the neck and parotid gland. Pyæmia arising from toxic agencies, as enumerated above—products of a contamination, suppuration, or gangrenous process in an inflamed part—usually sets in earlier, and gives rise already within the first few days after delivery, to real septicæmia, septic fever, gangrenous fever, or—what others will not admit—puerperal fever. He defied any advocate of a different pathology to draw a line of demarcation between the symptoms of pyæmia supervening on a surgical operation, or from a puerperal uterus. The second form, septicæmia, either terminates fatally in an extremely short time, when the toxic agent abundantly invades the organism; or, when it acts only moderately and by degrees, gives rise merely to localized morbid processes. The tissues and organs which are peculiarly liable to become the seat of inflammation, are the serous and synovial membranes. Every one knows that post mortem examinations, if made in these cases, will show either purulent pleuritis, peritonitis, or synovitis in the various joints. These are the two forms of disease which I call puerperal fever, and all other affections which do not depend upon the causes alluded to, and which do not show the same symptoms, must be eliminated. The diversity of treatment, and the various results of different kinds of treat-

ment, will be now readily understood and easily appreciated. He did not hesitate a moment in asserting, that a practitioner who pretended to have received good results from venesection and other kinds of blood-letting, and from the administration of mercurials, veratrum viride, digitalis, &c., had not treated puerperal fever, but simply a peritonitis or one of the forms of metritis. His not very limited experience in surgery had taught him that both forms of pyæmia, supervening on surgical operations were extremely rebellious to any kind of treatment, so that he had almost entirely lost faith in any remedial measures, and was honest enough to confess that when a patient, suffering from one or the other forms of pyæmia recovered, he did not attribute it to medical skill. If, however, anything must be said about the treatment of these cases, there is only one course that the surgeon or obstetrician should pursue. The hypophosphites of soda and potassa not having fulfilled the anticipations of physicians as antidotes or neutralizing agents against the poison, all that we can do is to sustain the physical forces of the patient as much as possible. The stimulating treatment, in the broadest sense of the word, is the only rational one, while the antiphlogistic and debilitating treatment will only hasten the fatal termination. While he advocated the total impossibility of curing or treating with success an established case of puerperal fever of either variety, he still believed that the physician could do a great deal to prevent the disease, or at least, one form of it, the *septic*. The slightest evidence of an undue inflammation attending the regenerative process of the uterus should receive immediate attention. One of the most powerful remedies, in checking one of the varieties of metritis, is the application of cold to the abdomen, and even in the vagina; and if there should be symptoms of decomposition in the secretions, or of a beginning of the gangrenous process, cleansing of the womb by injections, followed by disinfectants applied to the denuded surface of the uterus on a large scale, should be resorted to.

In conclusion, Dr. Hammer said that he made these remarks in order to avoid any kind of misunderstanding; that he was not absolutely opposed to the view that puerperal fever might be gen-

erated in any other manner than the ones above stated. It is certainly possible that toxic agents can be introduced into the system from without, and give rise to the same set of symptoms significant of septicæmia, but all that he admitted was the bare possibility of this; for he did not see any plausible reason why we should look for causes of disease in any such telluric or atmospheric poisonous agencies, while we have them so frequently generated within the organism itself, and under conditions so very favorable for their reception into the general circulation.

Dr. Boisliniere said that he had listened with pleasure and profit to the remarks made by the gentlemen engaged in this discussion. He must, however, differ from them on some points, and begged the Society to be allowed to insist again on the existence of a certain specific morbid agent, as being the principal cause in the production of malignant epidemic puerperal fever.

The purulent infection accompanying surgical and puerperal lesions had been claimed to be identical, and the placental surface had been aptly compared to a bleeding stump; but he would ask, if puerperal and surgical fevers are identical, if they are a purulent infection, how is it that the placental or the surgical wound does not always give rise to purulent infection? It is because the specific poison is not always present, and does not in every case come in contact with these wounded surfaces. This specific poison is therefore the whole disease, and the general cause of the local manifestations discovered sometimes in the peritoneum, at other times in the lungs or the brain; for all specific diseases are general diseases; there can be no local specificity, although the most characteristic lesions may be localized at various parts of the organism.

This morbid agent may enter the economy through several avenues; it is, he believed, generally brought in contact with the abraded surface of a newly delivered womb, and there germinates, imparting to the serum of the pus which bathes that surface, its toxic quality. For it should be remarked, that it is the quality of the serum of the pus which gives it its innocuity or its virulence. Surgical or uterine wounds may be, under ordinary circumstances, covered with pus, but that pus is healthy, and will produce no

deleterious contamination; but let this pus borrow from a morbid agent a toxic property, you will soon perceive symptoms of empoisoning of the blood from the serum of the broken-down pus corpuscles, which will be carried into the circulation, and be the cause of general or local pyæmic deposits. This is the ordinary mode of entrance of the poison, and this mode of entrance explains why the first general manifestations are usually in the organs contained in the abdomen; why there will often be metro-peritonitis, or simply peritonitis. There exists also another cause why women, after parturition, are readily affected with purulent peritonitis; it is a certain purulent diathesis, which co-exists with the puerperal state. Cazeaux had noticed that during pregnancy woman acquires a condition of chloro-anæmia, or leuco-cythemia, which is an excess of the white corpuscles in the blood. Now what is pus but a white blood-corpuscle *plus* its serum, according to Chas. Robin. Presenting then that peculiar purulent diathesis, woman will easily take on purulent infection when exposed to certain morbid causes.

These causes may enter the organism not only through the genital organs, but also, he believed, through the lungs, and sometimes even the stomach. The water of ague districts has been proved to contain the algæ which cause intermittent fever. Whenever, during a severe epidemic, the poison enters also through the lungs, then may we have a general intoxication of the blood, followed by various local manifestations in the meninges, the lungs, etc., and in consequence of this general empoisoning of the blood, we may have cases of puerperal fever before labor, and many of the children thus born will soon die of peritonitis, erysipelas, phlegmons, etc., having derived the toxæmia from the mother's blood. Then, death due to a rapid deterioration of the blood, may take place, without any evidence of pyæmia or any anatomical lesion. These are the cases of a puerperal typhus.

What is, then, this peculiar specific agent referred to above?

We must admit its existence *a priori* by the method of exclusion, as no other explanation can account for the specific character of malignant puerperal fever. But the labors of such men as Pasteur, Eiselt, Chalvet and Salisbury are successfully tending

towards removing the obscurity which surrounds the etiology of specific and infectious diseases.

Pasteur has demonstrated that all fermentation, whether lactic or butyric, and the tartaric or malic acid fermentations of urea, are always correlative of the presence and the multiplication of organized being. According to Pasteur, albuminoid matter is no true ferment, but the material of ferment; true ferments are organized beings. Through a very ingenious sieve of his invention, he has detected in infected places spores of vegetables and animalculæ, and soon succeeded in multiplying these spores when placed in certain proper media.

"Thus," says Trousseau, "is the great theory of fermentation found to be derived from an organic fruition." Every ferment is a germ whose life is manifested by a special secretion. Could not the same apply to morbid viruses, and why should they not be considered as ferments, which being placed at a certain moment, and under certain circumstances in the organism, will manifest themselves by multiple products. Thus, the variolous ferment will form the variolic fermentation, which will originate a thousand pustules, and the puerperal ferment will be the starting point in an intoxication of the blood, which will eventuate in all the local manifestations peculiar to puerperal fever, and so on, for the various infectious diseases.

Eiselt, of Prague, found a great many small pus globules floating in the air of a ward which contained several cases of purulent ophthalmia. Chalvet, in the air of typhoid fever wards, demonstrated the presence of the debris of epithelial cells and various small corpuscles. Salisbury is presenting conclusive proofs of the presence of the algoids, which are to be found abundantly in ague districts, and has found in the blood of syphilitic and rheumatic subjects, characteristic algæ.

As for the doctrine that puerperal fever is always a septicemia, and that pyæmia is the result of thrombosis and embolia, this doctrine, however ingenious, cannot be admitted without reserve; for are we not justifiable in maintaining, from facts above presented, that pyæmia when discovered, is already an effect rather than a cause, of a previous deterioration of the blood—for instance

when preceding labor, and when developed in the unborn foetus.

From an able article of Wm. S. Savory, we come to the following conclusions on this point:

Thrombosis may exist without any evidence of phlebitis, and very often occurs without being followed by pyæmia.

Pyæmia often exists without any evidence of thrombosis; still oftener it occurs without any evidence whatever that it has been preceded by either of these, or by any other affection of the veins. I could quote further authorities, all agreeing on this point, but must endeavor to bring these remarks to a close.

However grave the prognosis of the disease above discussed appears at first, we should not despair of curing our patient. There are on record several cases of recovery from puerperal infection. Dr. Papin related two recoveries with metastatic abscesses. Our treatment should be antiseptic and sustaining, always remembering the essentiality of the disease; and that the *vix medicatrix naturæ* may do much even in apparently desperate cases.

ORIGINAL LECTURES.

SEVENTH LECTURE ON PATHOLOGICAL ANATOMY.

Delivered on the 27th of September, 1867, to the Medical Profession of Saint Louis, by A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

GENTLEMEN—

I will now give you the analysis of the blood, as made by Schmidt. Notwithstanding the later and very accurate researches of Hoppe, and others, show results differing somewhat from those of Schmidt, still Schmidt's analysis, will, I think, very fully answer our purpose, as the differences alluded to are but very slight, and cannot materially alter the conclusions drawn from Schmidt's analysis.

1000 parts of venous blood from a man 25 years of years of age, gave:

BLOOD CORPUSCLES,.....	513.02
These contained: Water,	349.69
Solid constituents, (as follow),.....	163.33
Hæmatin, (including 0.512 ron).....	7.70
Globulin, etc.,.....	151.89
Inorganic constituents, except Iron,	3.74
Viz: Chlorine,	0.898
Sulphuric Acid,.....	0.031
Phosphoric Acid,.....	0.695
Potassium,	1.586
Sodium,.....	0.241
Phosphate of Lime,.....	0.048
Phosphate of Magnesia,.....	0.031
Oxygen,	0.206
PLASMA,	486.98
This contained: Water,.....	439.02
Solid constituents,	47.96
Fibrine,	3.93
Albumen,	39.89
Inorganic constituents,	4.14
Viz: Chlorine,	1.722
Sulphuric Acid,.....	0.063
Phosphoric Acid,	0.071
Potassium,	0.153
Sodium,.....	1.661
Phosphate of Lime,.....	0.145
Phosphate of Magnesia,.....	0.106
Oxygen,.....	0.221

1000 parts BLOOD CORPUSCLES:	1000 parts PLASMA:
Water,688	Water,.....902.90
Solid constituents,.....312	Solid constituents,..... 97.10
Specific gravity.....1089	Specific gravity,.....1028
Hæmatin, 16.75	Fibrine,..... 4.05
Globulin and cell-membrane,...282.22	Albumen,.....78.84
Fat..... 2.31	Fat,..... 1.72
Extractive matter,..... 2.60	Extractive matter,..... 3.94
Inorganic constituents, except Iron, 8.12	Inorganic substances,..... 8.55
viz: Chlorine,.....1.686	viz: Chlorine,.....3.644
Sulphuric Acid,.....0.066	Sulphuric Acid,.....0.115
Phosphoric Acid,1.134	Phosphoric Acid,.....0.191
Potassium,3.328	Potassium,.....0.323
Sodium,1.052	Sodium,3.341
Phosphate of Lime,0.114	Phosphate of Lime,.....0.311
Phosphate of Magnesia, 0.073	Phosphate of Magnesia, 0.222
Oxygen,0.667	Oxygen,0.403

The contents of the red blood-corpuscles consist *principally* of hæmato-globulin. This appears occasionally in crystals, in many different forms. They are especially observed in the venous blood of the spleen, particularly when this is diluted with water and exposed to the action of oxygen. These crystals present a different appearance in man from those found in animals.

The mineral substances in the red blood-corpuscles show a preponderance of the phosphates, particularly that of potassa, which is in relatively greater proportion than in the serum, while the serum, on the contrary, contains more chloride of sodium.

There are several gases found in the blood, the principal ones being oxygen, carbonic acid and nitrogen. The corpuscles contain a greater proportion of these than the serum or plasma.

In the intercellular substance—the serum—the principal elements found are albumen, fibrin, fat, and extractive matters; these latter consisting almost entirely of excrementitious substances. These exist in great abundance in the serum, but to a less degree in the formed elements. The albumen is the element of greatest importance in the composition of the serum. The fibrin is of doubtful character, its nature not having been yet definitely determined. It is looked upon by some physiologists as excrementitious.

We have before stated that the blood is a variable fluid, its contents changing every moment, yet, as a general average, remaining the same at all times. Its composition is modified by many circumstances, such as age, sex, nutrition, habits, &c., the principal cause of these modifications being that of age. We know that local differences exist also. The difference between arterial and venous blood is plain to all. Again, the blood in different parts of one and the same organ may differ more than does the arterial and venous. For instance, the blood in the portal circulation differs much from that in the hepatic veins. The menstrual blood differs much from that in other parts, not being spontaneously coagulable. We do not know positively whether this is due to some modification of the blood itself, or dependent upon the admixture of mucus from the vagina.

Concerning the circulation itself, this can be microscopically observed in the wings of bats, or the feet of frogs. The current of the blood is seen to differ greatly in the arteries, veins and capillaries. In the arteries it is very rapid, and the formed elements roll along with considerable velocity, the red blood-corpuscles, revolving on their long diameters, occupying the centre of the vessel, while the white blood-corpuscles adhere more closely

to the walls, and move more slowly. We have, therefore, in the arteries a peripheral current of white corpuscles, and a central current of red ones. In the veins the currents are similar, though not so rapid. In the capillaries we observe a slow, uniform movement, the white and red corpuscles being mixed in one current, on account of the small size of the vessels not permitting more than one corpuscle to pass at a time.

In regard to the formation of the blood, we have already alluded to this in describing the formation of the heart and larger vessels, when we stated that these were primarily solid cylinders, of formative embryonic cells, possessing a greater amount of intercellular substance in the centre. This becoming liquified, the cells contained in it are set free. The multiplication of these cells has been observed to take place by the fissiparous process, the nucleus dividing into two, between which the cell wall contracts and divides, so as to form two complete cells. These become the red blood-corpuscles. They are at first neither white nor red, containing neither hæmatin nor other coloring matter, these varieties being afterwards produced by changes in the nuclei of the cells. Some do not undergo this transformation, but become white blood-corpuscles. After a certain time this fissiparous process is arrested. In the mean while, other organs, of a glandular character, are formed, and, by means of these, white blood-corpuscles are produced, as will be hereafter described. These organs are the spleen, and the lymphatic and mesenteric glands. The red blood-corpuscles are then formed no more *de novo*, but are manufactured from the white blood-corpuscles. I have already alluded to this process in speaking of tyrosin, an element found in the spleen, and which, by coming in contact with substances contained in the white corpuscles, produce hæmatin. Thus is the re-generation of the blood corpuscles perpetuated.

We now pass to the consideration of other fluids, auxiliary to the blood, and which perform an important part in the economy of the system, the lymph and the chyle. As these lectures are merely outlines of histology, we cannot go exhaustively into this subject, but must confine ourselves only to the most important

points. You know that the life of the organism depends upon its nutrition, or the interchange of materials furnishing food to the tissues. The vessels being filtering apparatus through which the blood passes to and from the tissues, chemical changes going on in it continually, by which new substances are being formed and waste matters eliminated.

Some of these latter are again filtered from the tissues into the veins, while others, not capable of being thus removed, seek another channel by means of the auxiliary apparatus, the lymphatic system. We have already seen that these tubes open by free extremities in the tissues themselves, and thus these substances are easily taken up and carried from the periphery to the centre, being from there conveyed to certain eliminating organs.

The lymphatic system is of a two-fold nature, and the fluids contained in its two divisions differ from each other. One set of vessels, as we have just remarked, takes its origin from the general tissues, the other from the mucous membrane of the intestinal tract, being connected with the villi of the intestines, which are regarded as their commencing points. This division of the lymphatics is called the lacteals, from the milky appearance of the fluid which it contains. This fluid is called chyle. Thus it is seen that the two systems convey different fluids, the one receiving new nutritious matters from the intestines, to be carried to the heart, and from thence to be distributed to the different organs and tissues; the other containing disintegrated materials, which are conveyed to the different organs for the purpose of elimination. Both of these systems end in the thoracic duct, which conveys both lymph and chyle to the right auricle of the heart.

Both lymph and chyle are composed similarly to the blood in one respect, viz: being made up of formed elements and plasma. The cells are the lymphatic corpuscles, which are nothing but the white corpuscles of the blood. How are these formed in the lymphatics and lacteals? It has been already mentioned that in the commencement of both these systems no formed elements are found, and that these only appear after a tube has left a gland. The inference, therefore, is that the lymphatic and mesenteric glands are the fabricators of the white blood-corpuscles. These

corpuscles are, in fact, parts and parcels of the glands, removed by the transit of the fluids through them.

We will not longer consider the composition of these fluids. Other elements, albumen, fat, &c., also exist. The fluid, like the blood, is variable. Its great importance lies in the fact that it is the matrix of the formed elements of the blood.

We now pass to the consideration of the glandular system in general. This is one of the most important apparatus in the body, as through it much of the nutriment of the system is elaborated, and much of its waste material eliminated. These glands may be divided into two general classes:

1st.—Those which furnish such materials as are absolutely essential to the life of the organism, and,

2d.—Those which separate from the tissues certain noxious matters which are to be carried off by the various emunctories of the system.

The question might here arise, What is a gland? Anatomists have been very undecided as to the true meaning of this term, as long as they have judged organs merely by their external appearance, and have not considered their internal structure. Histology has now given rules by which the true structure of glands has been determined. It was at first held that a gland must possess,

1st. A membrane lined by a single layer (or more) of cells;

2d. There must be vessels enclosing and ramifying upon this membrane, accompanied by lymphatics and nerves; and,

3d. They must have a duct, and this was regarded as a criterion.

But these requisitions are now known to be incomplete, and partly false. In order to have a gland it is necessary that there should be certain glandular cells, arranged so as to form a cavity, surrounded by a capillary network, usually ramifying upon a surrounding membrane, but this membrane is not absolutely essential and does not always obtain, not being found, for instance, in the liver. A duct is not essential to the existence of a gland, for we have, for instance, the Graafian follicles, which have no ducts, but discharge their contents by the rupture of their sacs. There is yet another indispensable requisite, which is, that the blood vessels must only ramify upon the outside of the gland, and must

never enter its substance. This limitation, therefore, excludes from the class of true glands the so-called lymphatic and mesenteric glands, and the Peyerian patches, for bloodvessels really enter the substance of these organs. We have already spoken in a previous lecture of the surrounding membrane, and stated that it was looked upon by some as a secretion from the cells, and by others as a separate formation. It is of an elastic character, and very important in its function, for through it the filtration by endosmosis and exosmosis takes place. It varies in form, this being decided entirely by the form of the gland which it encloses. We thus have three principal forms. First, the tubular, of which we have, as sub-varieties, first, the really tubular, which may be simple, as for instance, a tubular follicle open at one extremity, or composite, that is, bifurcated at its closed extremity. The second sub-variety of the first form is the glandular tubes, which may be enormously long, and which are found principally in two organs, the kidneys and testicles. In the kidneys they are called the *tubuli contorti* and *erecti*, and in the testicles, the *tubuli seminiferi*. A third subvariety is that of the glandular coils, which also belong to the tubular form. Among these are the sudoriparous glands.

The second capital form is the vesicular, which may be single, looking like a microscopic cell, open at one extremity, this opening being more or less marked. These may be also simple or composite. If many of these exist together, we call it an acinous gland. If a number of acini are united together by a common duct, they constitute what is called a racemose gland, such as the glands of Brunner in the duodenum, and the vesicles of the lungs.

The third form is that of the capsular glands, which are round or oblong capsules completely closed, containing a cavity lined by epithelial cells. These are found in the thyroid gland, in the Graafian follicles, glands of Peyer, etc.

The most important elements in the composition of glands, are the cells, which either line the inside of the surrounding membrane, or completely fill the cavity, so as to constitute its contents. If they merely line the membrane, it may be by a single

layer, or by several laminae. If we examine all classes of glands, we find three varieties of glandular cells. First, the vesicular form, which we have previously stated to be very rare, appearing in but few of the glands. The second variety is the pavement epithelium, and the third, the non-ciliated cylindric epithelium. The first variety, the vesicular, appears in the Meibomian glands, in the sebaceous glands, where they are very large, and in the ovaries, where they are very small, there being thus two varieties of these.

The second variety, that of the pavement epithelium, is found in the peptic-gastric glands. You are aware that there are in the stomach two kinds of glands, of exactly the same form, the peptic-gastric and the mucous-gastric glands, the first being lined by the pavement epithelium and the second by non-ciliated cylindric epithelium. This variety is also found in the liver. The third variety of glandular cells, the non-ciliated cylindric epithelium, is found in the uterine glands, in the glands of Lieberkuhn, and in some of those of the large intestine. The size of all these cells may vary from 1-100 to 3-100 of a line in diameter. Their nuclei vary from .002 to .004 of a line in diameter. They may be dotted, homogeneous or vesicular. The cells contain usually but one, but sometimes two or more of these. One very peculiar form of nucleus is the spermatozoon, which is a transformation of the nucleus of the sperm cell.

In regard to the duration of the glandular cells, some last long, while others decay very rapidly. Some die in the act of performing their functions, the elaboration from the tissues of certain materials, and are then replaced by others. This occurs in the physiological fatty degeneration which takes place in the formation of milk, where the cells burst and set free their secretion. This process also appears in the salivary and Meibomian glands, and in others. In the kidneys and liver the gland cells are longer lived.

The blood vessels which supply the glands take, of course, the form of the glandular membrane, since they ramify upon this, and do not pierce it. Their nerves are variable, and, in general, but little understood, some glands being very rich in these, others but

poorly supplied. In one gland, the parotid, we know the importance of the nervous supply, its secretion being found to depend greatly upon this. Their lymphatics are very abundant. Muscular tissue, also, as we have previously stated, sometimes enters into the composition of the glands. This is always the smooth muscular fibre. In the sudoriparous glands of the axilla, muscular fibres have been described as a constituent of the membrane.

As to the ducts, these do not always exist, there being sometimes only an opening at one end of the gland. Again, we may have merely a narrowing of the membrane. In the racemose glands the smaller ducts unite to form a larger one. The ducts are generally direct continuations of the membranes themselves, though sometimes new elements also are formed. Sometimes several ducts lead from the same gland, as in the mammary, where the object of this is easily seen, as one duct may, from some cause, become obliterated or stopped, and others are then still left to perform its function.

We may here conclude by stating what glands belong to each variety described. The tubuliform glands are, first, the real tubules, as Bowman's glands, second, the peptic-gastric glands, third, the mucous-gastric glands, the glands of Lieberkohn and some of those of the large intestine. To the second sub-variety, the glandular tubes, belong the kidneys and the testicles. To the glandular coils belong the sudoriferous glands.

To the second capital form, the vesicular, belong the racemose glands, all the mucous and sebaceous glands, the glands of Brunner and the Meibomian glands, the prostatic, parotid, the liver and the lungs. This is, therefore, the most important variety.

To the third capital form belong the thyroid and thymus glands, the supra-renal capsules and the Graafian follicles.

Concerning the function of glands, the process going on in them is two-fold, first, mere nutrition in its egotistic form, for the sustenance of the organ itself, and second, the subservient nutrition, by which certain fluids are brought into contact with glandular tissue, elements of the blood passing through the walls into the glands, and carried from them in a two-fold manner.

First, those which leave the capillary vessels and find their way into the cellular elements of the glands by filtration, then pass into the ducts and are eliminated, as in the glands of the kidneys. Second, the secretion does not leave the cells in the same form as when it reached it, but is transformed into new substances, and is then conveyed through the ducts, or set free by the bursting of the glands, or by endosmosis through their walls, being then taken up by the lymphatic system.

In the formation of new elements by the glands, the process is two-fold, the formation of obnoxious and of subservient elements. These may occur in the same organ, as in the liver, which eliminates bile as an obnoxious element, and secretes sugar as subservient. This process depends, of course, upon the peculiar structural property of the cells.

I would have liked to have dwelt upon another physical property of the blood—its spontaneous coagulation—and to have mentioned everything in connection with it, as the fibrogenous substance, which is formed into fibrin only after having come in contact with other substances; the different behavior of the red and white corpuscles; the *crusta inflammatoria*, etc., etc. But I presume you are sufficiently familiar with these facts, and therefore, it may suffice to have called your attention to them.

BIBLIOGRAPHICAL NOTICES.

SPERMATORRHŒA: ITS CAUSES, SYMPTOMATOLOGY, PATHOLOGY, DIAGNOSIS, PROGNOSIS AND TREATMENT. By ROBERTS BARTHOLOW, A. M., M. D. Second edition, revised and augmented. New York: William Wood & Co., 1867.

It is seldom that we find so much of practical worth contained in so few pages, as in the little volume before us.

In his preface to the first edition the author justly regards it as a reproach to our profession that the subject of spermatorrhœa has not been more closely attended to. He holds that “by our own indifference” it has been permitted “to pass into the hands

of the unscrupulous pretenders, whose suggestive publications are amongst the crying evils of our times." All candid physicians must acknowledge the truth of this.

Under the head of "Causes," he says: "Etymologically, and in its technical sense, the term spermatorrhœa is applied to the flow of semen without copulation; in other words, to involuntary seminal losses." Then follow his views of the causes of spermatorrhœa, among which he regards masturbation as the chief. In his second chapter he describes very graphically the objective and subjective symptoms of masturbation and spermatorrhœa, at the same time clearly drawing the line of distinction between them. Having disposed of the causes and symptomatology, he is brought, in chapter third, to the pathology of spermatorrhœa. Here he differs with Lallemand, Holmes, Gross and others, who hold that it is "an affection—an inflammation or an irritation—of a part of the genito-urinary apparatus." The author regards it "as essentially a deranged functional state of the cerebro-spinal system," but says, "a careful distinction is to be made between spermatorrhœa (a symptom of lesion of the central nervous system), and spermatorrhœa (a symptom of functional derangement of the nervous centres due to a peripheral irritation)."

He divides the pathological conditions into three groups: genital, cerebral and spinal. During the course of his remarks on the first group he describes the cases to which Lallemand applies the term "diurnal pollution." This, though alarming to the patient, is nothing more than a mixture of mucus with semen, producing the so-called watery semen. The microscope reveals no spermatozoa in this fluid. His remarks under the cerebral and spinal forms are original and interesting.

Chapter IV. treats of impotence as related to spermatorrhœa. In the next chapter we are given very accurate data as to the diagnosis of spermatorrhœa. In chapter VI. he says:—"It may be stated as a general rule, that the prognosis of spermatorrhœa is not so unfavorable as the opinion of many writers—especially the popular writers—would indicate;" and holds that nearly every case admits of cure. In chapter VII. he gives an interesting history of the use of the *porte caustique*, and gives two classes

of cases in which he thinks it is indicated:—"1st. Those in which chronic inflammatory changes exist as a complication of spermatorrhœa. 2d. Those in which the moral effect of the application is desirable." He would not, however, recommend the caustic until other less dangerous methods are tried. Trousseau's mode of treatment he regards as a "barbarous contrivance." He says that all mechanical appliances "tend to fix the attention of the patient upon his infirmity, thereby retarding recovery."

Of the efficacy of bromide of potassium he is quite confident. Why it failed in some cases recently reported, he gives satisfactory reasons. As a general rule it will be effectual "in proportion to the degree in which structural lesions are absent; or in other words, in proportion to the degree in which these morbid states are functional rather than organic. His treatment is very complete, and is directed both to the body and mind.

This little treatise of Dr. Bartholow's is worthy of, and should receive, a careful perusal by every member of the profession.

W. H. W.

ON DISEASES OF THE LUNGS AND AIR-PASSAGES: THEIR PATHOLOGY, PHYSICAL DIAGNOSIS, SYMPTOMS AND TREATMENT. By HENRY WILLIAM FULLER, M.D., Physician to St. George's Hospital, London. 8vo. pp. 469. Philadelphia: Henry C. Lea, 1867.

This book, which is reprinted from the second and revised London edition, is divided into two parts. The first part, consisting of ten chapters, contains the principles of physical diagnosis, topography of the chest, and the methods of physical exploration, inspection, palpation, measurement, percussion, auscultation, and succussion. The second part, consisting of five chapters, treats in a very complete manner on the pathology, symptoms, diagnosis and treatment of diseases of the lungs. Although we differ in some points from the author, as, for instance, concerning the explanation of the crepitant *râle*, we must say that the work is one of the best written in the English language. As the best part of it, we consider the chapter on pulmonary consumption, in which the pathological anatomy and every physical sign, as well as the treatment, are given in an admirable manner. The language is as clear,

impressive and simple as can be looked for in a work of so scientific a character. The tabular synopses, interspersed throughout the text, are a valuable feature of the work, which will be welcomed by every student and practitioner. The typography and the paper are in accordance with the matter. C. H.

HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE: A SYNOPSIS OF THE AMERICAN AND FOREIGN LITERATURE OF MEDICINE, SURGERY AND THE COLLATERAL SCIENCES. Edited by S. W. BRINTON, M. D.

Having felt for many years the necessity of a reliable abstract of the medical literature of this country, which, though abounding in valuable facts, was almost entirely ignored in "Braithwaite" and "Ranking" (the only semi-annual periodicals professing to furnish us with a condensed summary of the progress and improvements of medical science), we hailed with much pleasure the appearance of the above work; and now, after a very careful examination of its contents, freely confess that our anticipations have been more than realized.

The editors and their contributors have done their work well, especially when we remember it is their first attempt; and as practice makes perfect, we may expect such improvement with each number that no intelligent medical man will consent to be without this mirror of medical progress.

Although we are undoubtedly the most successful *practitioners* in the world, foreigners could never see it, and our authors have never yet given due credit to their own countrymen for what they have done. In this compendium we will not only find clear and concise notices of every important discovery and advancement of our science in this country, but likewise most that is valuable in foreign journals. Western men, especially, should encourage this undertaking, as the editors seem very partial to us, quoting more frequently from the St. Louis, Chicago and Cincinnati journals than from those of the East. K.

We have also received from the publishers, "Hewit" and "Thomas" on "Diseases of Females;" "Ricord's Chart of Venereal Diseases," from Wood & Co., of New York; and "Circulars No. 5, 6 and 7," from the Surgeon General's office, which will be noticed more fully in our next number.

EDITORIAL.

BACK NUMBERS WANTED—*Although it was supposed that a sufficient number of copies of our Journal had been provided to meet all contingencies, the large increase of subscribers desiring the back numbers has entirely exhausted our first number. We will pay twenty-five cents, either in cash or by credit on subscription, for copies of that number:—will those of our subscribers who do not file their numbers oblige us by responding?*

IN entering upon our second volume we take the liberty of sending the present number of the ARCHIVES to a number of professional gentlemen who are not as yet subscribers, but whose names have been kindly suggested to us as being those who would most probably become so upon being made acquainted with the character of our Journal. To all such, as also to our present subscribers, we can but renew our pledge to spare no efforts to furnish to the profession a Journal worthy their liberal patronage. Our exchange list, embracing most of the leading Medical Journals of this country, and many from abroad, enables us to lay before our readers the very essence of what is new and useful in the profession, while original communications and lectures, reports of Medical Societies, hospital reports, and reviews of new books and the current literature of the profession, will form a prominent feature of our Journal. We have also effected arrangements for its uniform publication in the very best style of the typographical art, an improvement which, we trust, our friends will fully appreciate. We much regret being compelled to crave indulgence for the non-appearance of the present number at the proper time. The delay has been owing to the non-arrival in time of the new type ordered expressly for our use, and is of course a matter entirely beyond the publishers' control. We have their assurance that hereafter the Journal will be issued promptly at the beginning of each month.

Should there be any of those to whom the present number is sent, who, after perusing it, may not desire to become subscribers, we would respectfully request that they will return the Journal to us with their name and address. Their failure to do so will be accepted as an ex-

pression of their desire to become subscribers, and the Journal will be regularly sent to them. The back numbers can be furnished to those who may desire them.

Our journal will at all times be open to the liberal discussion of all that pertains to the interest and welfare of the profession.

Communications and correspondence solicited from all parts of the country on scientific and practical subjects.

TO SOME OF OUR SUBSCRIBERS.

There are still some of our subscribers who have not yet remitted the amount of their subscriptions. To all such we enclose their bills with this number, and request their prompt attention. Individually the amounts are small, but in the aggregate the amount is considerable, and could now be made available in meeting our increased expenses incident to the changes and improvements in the Journal. We would like to be able to send receipts to all in our next number.

COMMENCEMENT EXERCISES.

The past month has been prolific in Commencement Exercises. That of the Missouri Medical College, generally known as McDowell's College, was held on the evening of the 28th of February, in the Mercantile Library Hall. Prof. Joseph McDowell presided, and delivered the diplomas to the graduating class. The valedictory was delivered by Prof. McPheeters, and contained much wholesome advice and counsel. After some further remarks by Prof. McDowell, the exercises were closed by a benediction by the Rev. Dr. Lacy.

That of the St. Louis Medical College, familiarly known as "Pope's College," was held on the evening of March 2d, in the lower Hall of the Polytechnic Building. Prof. Hodgen presided; Rev. Dr. Eliot opened the exercises with prayer; the students' valedictory was delivered by Mr. John R. Coffman of St. Genevieve, and Prof. M. M. Pallen made a brief and impressive address to the graduates upon the receipt of their diplomas, reminding them of the duties devolving on them as members of the medical profession.

The valedictory to the students, on behalf of the faculty was delivered by Prof. E. H. Gregory, and was replete with sound advice and excellent practical suggestions.

That of the Missouri Dental College came off on the evening of the 26th of February, at O'Fallon Hall; Dr. Forbes, President of the Board of Trustees, presided; Rev. Dr. Potsdam opened the exercises with prayer. The students' address, a review of the history of dental surgery, was delivered by Mr. John R. Mathews. Dr. Peebles delivered the valedictory, after which the exercises were closed with a benediction by Rev. Dr. Potsdam.

The Homœopathic Medical College of Missouri held theirs at the O'Fallon Polytechnic Institute. Rev. Dr. George opened the exercises with prayer; the Dean of the Faculty, Dr. Temple, delivered the opening address, and the valedictory was delivered by Dr. Helmuth.

MISSOURI STATE MEDICAL ASSOCIATION.

We would remind our readers and the profession generally, that the Annual Meeting of the Missouri State Medical Association will be held at 12 o'clock, M., on Tuesday, the 21st of April, at the Polytechnic Hall in this city. In addition to the reading and discussion of scientific papers, it is expected that matters of vital interest to the profession will be considered by the Association.

A full representation of the profession from all parts of the State is earnestly requested.

We are authorized to say that the proprietors of the Laclede Hotel, whose card will be found in our advertising pages, will make a liberal deduction from their usual rate of charges, in favor of medical gentlemen attending the meeting of the Association. We feel sure that none who give them a call will go away dissatisfied.

We have just received from the Secretary of the "American Medical Association" the following circular, to which we, with pleasure, give insertion :

The NINETEENTH ANNUAL MEETING of the AMERICAN MEDICAL ASSOCIATION will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock A. M.

The following Committees are expected to report :—

On Ophthalmology—Dr. Jos. S. Hildreth, Illinois, Chairman.

On Cultivation of the Cinchona Tree—Dr. J. M. Toner, D. C., Chairman.

On Surgical Diseases of Women—Dr. Theophilus Parvin, Indiana, Chairman.

On Rank of Medical Men in the Navy—Dr. N. S. Davis, Illinois, Chairman.

On Insanity—Dr. C. A. Lee, N. Y., Chairman.

On American Medical Necrology—Dr. C. C. Cox, Md., Chairman

On Leakage of Gas Pipes—Dr. J. C. Draper, N. Y., Chairman..

On Medical Ethics—.....Chairman.

On Plan of Organization—Dr. C. C. Cox, Md., Chairman.

On Provision for the Insane—Dr. C. A. Lee, N. Y., Chairman.

On the Climatology and Epidemics of

Maine—Dr. J. C. Weston.

N. Ham.—Dr. P. A. Stackpole.

Vermont—Dr. Henry Janes.

Mass.—Dr. Alfred C. Garratt.

Rhode Island—Dr. C. W. Parsons.

Connecticut—Dr. E. K. Hunt.

New York—Dr. W. F. Thoms.

New Jersey—Dr. Ezra M. Hunt.

Pennsylvania—Dr. D. F. Condie.

Maryland—Dr. O. S. Mahon.

Georgia—Dr. Juriah Harriss.

Missouri—Dr. Geo. Engelman.

Alabama—Dr. R. Miller.

Texas—Dr. T. J. Heard.

Illinois—Dr. R. C. Hamil.

Indiana—Dr. J. F. Hibberd.

Dis. of Columbia—Dr. T. Antisell.

Iowa—Dr. J. W. H. Baker.

Michigan—Dr. Abm. Sager.

Ohio—Dr. J. W. Russell

California—Dr. F. W. Hatch.

Tennessee—Dr. Joseph Jones.

W. Virginia—Dr. E. A. Hildreth.

Minnesota—Dr. Samuel Willey.

On Clinical Thermometry in Diphtheria—Dr. Jos. G. Richardson, N. Y., Chairman.

On the Treatment of Disease by Atomized Substances—Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries—Dr. Ben. Howard, N. Y., Chairman.

On the Treatment of Club-Foot without Tenotomy—Dr. L. A. Sayre, N. Y., Chairman.

On the Radical Cure of Hernia—Dr. G. C. Blackman, Ohio, Chairman.

On Operations for Hare-Lip—Dr. Hammer, Mo., Chairman.

On Errors of Diagnosis in Abdominal Tumors—Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays—Dr. Chas. Woodward, Ohio, Chairman.

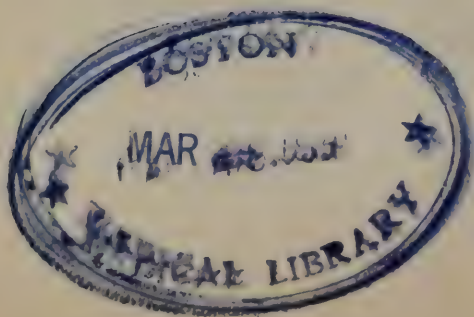
On Medical Education—Dr. A. B. Palmer, Mich., Chairman.

On Medical Literature—Dr. Geo. Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON, M. D., *Permanent Sec'y*,

S. W. Cor. Broad & Pine Sts., Philadelphia.



EDITORIAL NOTES AND VARIÆ.

THE AMERICAN MEDICAL ASSOCIATION.—*The Medical and Surgical Reporter*, (Phila.) makes several valuable suggestions for the consideration of the profession, and their action at the approaching meeting of the Association. Among others, that the ASSOCIATION should take some steps to provide a "STANDARD DEGREE IN MEDICINE for our profession." "Our State Legislatures charter so many institutions of all kinds which are empowered to confer the degree of *Medicinæ Doctorem*, that it has come to be a farce, and no evidence whatever of the attainments or standing of any one as a physician."

We cannot really conceive of any action of more vital interest to the profession than the one suggested, and in consideration of the fact that in several of the State Legislatures measures are being considered to arrest the continued growth and spread of quackery, such action as suggested by the *Reporter* would be highly opportune on the part of our NATIONAL ASSOCIATION, and could hardly fail to have a most beneficial influence in encouraging the efforts of the State Associations that are laboring for this same object.

THE TRANSACTIONS OF THE MEDICAL SOCIETY OF WEST VIRGINIA, containing the proceedings of their first semi-annual session at Wheeling, and also of the Medical Convention held at Fairmont, is on our table. The "proceedings," including the Code of Ethics, form a closely printed record of fifty-eight pages, which is published in a very neat and creditable manner. We sincerely wish for the Society that it may enjoy many pleasant re-unions, and that their Association may advance alike the interests of its members and the cause of science.

THE BOSTON MEDICAL AND SURGICAL JOURNAL has been altered in form and enlarged in size. It is one of the oldest Medical Journals in this country, having been established in 1828. The editorial management is now in the hands of Dr. David W. Cheever, by whom the recent changes and improvements have been inaugurated. It is one of our most esteemed exchanges.

THE CINCINNATI MEDICAL REPERTORY, is the title of a new Monthly Medical Journal, edited by J. A. Thacker, M. D., Professor of Psychology and Diseases of the Mind, in the Cincinnati College of Medicine and Surgery. The two first numbers—January and February—are upon our table, and we welcome the new Journal to our exchange list. It is neatly gotten up, and edited with ability and spirit, and is certainly published at rates reasonable enough to ensure for it a large circulation.

THE AMERICAN JOURNAL OF OBSTETRICS, and Diseases of Women and Children. This is the title of the new Quarterly, to be issued by the enterprising publishing house of Messrs. Moorhead, Simpson & Bond, No. 60 Duane street, New York. The Journal will be edited by Emil Norgeroth M. D., and B. F. Dawson M. D., and will contain 96 pages, embracing original articles, reports of societies, hospitals and lectures, and a complete review of foreign and domestic literature on the above subject. Terms, \$3 a year, in advance; single copies, \$1.

Messrs. Moorhead, Simpson & Bond are already the publishers of three Medical Journals: *The Medical Gazette*, weekly; *The New York Medical Journal*, monthly; and *The Quarterly Journal of Psychological Medicine and Medical Jurisprudence*, and judging from the most excellent character of these, we doubt not that their new Journal will be issued in the very finest style of the typographical art.

QUACKERY.—We learn through the *Medical & Surgical Reporter* that a bill for the prevention of quackery has been introduced in the New York Legislature. It provides for the appointment, by the Governor of the State, of a Board of Medical Censors, to hold their office for six years and receive a salary of \$2,000 per annum. The Board shall examine candidates on all the usual branches of medical education, except therapeutics, and all questions shall be put in print or in writing. Students of *any* University, School or College in the State, who pass a satisfactory examination before all the Censors, shall receive from the Secretary of State a diploma, denominating them as "physicians and surgeons," and those who fail to do so will not be recognised as doctors. Failing, however, *only* before the Censors of surgery, a certificate will be given acknowledging them as physicians. No one will be allowed to set himself up as a doctor who has not the State diploma. A New York paper says:—"The law was designed, we understand, at a conference of allopathic and homœopathic physicians in New York City. Such a law every respectable physician will desire, and

every community ought to be ambitious for it, for it will protect them against the worst and most insidious class of swindlers.”

This bill, it will be observed, is in many respects similar to the one sought to be obtained by the Missouri State Medical Association, at their recent meeting in this city. It is rather significant that, in a number of the States, an almost simultaneous effort is being made in this same direction. It is certainly time that a line of demarcation be drawn between science and quackery, and if the profession will not otherwise move in the matter, it is sincerely to be hoped that the people will awake to their own interests, and through their legislators compel, not only the suppression of quackery, but an elevation of the standard of scientific attainment in the medical profession.

GENERAL ELECTRIZATION IN THE TREATMENT OF CHOREA.—In a paper read before the New York Medical Journal Association, Dr. A. D. Rockwell strongly recommends general electrization in the treatment not only of chorea, but in all cases where *constitutional tonic impressions* are desired. He thus describes the process of application:—“In general electrization the feet of the patient are placed on a sheet of copper, to which the negative pole is attached, while the operator applies the positive with his hand, the current passing through his own person, down the spine, over the chest, stomach, liver and bowels, down the upper and lower extremities, and indeed over the entire surface of the body from the head to the feet.”

Contrasted with the method in which electricity is locally used, he says:—“1st. The current is applied over the entire surface of the body and affects the whole system, while in localized electrization the poles are placed near to each other, and the current traverses separate muscles and organs.

2d. The hand is used as an electrode in making the applications, because it is found to be more agreeable to the patient, and more effective than any artificial electrode.

3d. General electrization exerts a powerful constitutional tonic impression, and is indicated in those numberless forms of chronic disorders associated with general depression of the vital forces, while localized electrization is chiefly indicated to produce local effects.

It is employed, not for the name of any disease, nor for the symptoms as such, but in any case where *constitutional tonic impressions* are desired. It is on this principle, and with a view to produce this effect, that we have used it in cases of chorea, or St. Vitus' dance.”

After detailing the treatment of several cases, he says—"Our experience has served to convince us,

1st. That general electrization, with the Faradaic current, induces toward a favorable result in mild, curable forms of chorea, more rapidly than the present system of internal medication.

2d. In cases of chorea of long standing, that are rebellious against ordinary medication, but are not dependent on hereditary predisposition, general electrization *perseveringly* administered will often work a permanent and complete cure."

CHLOROFORM INTERNALLY IN INTERMITTENT AND PERNICIOUS FEVER.—Six cases of intermittent fever are reported by Dr. Bricket in the *Chicago Med. Examiner*, which were treated by the internal administration of chloroform with the happiest results. In each case one drachm was given, with the immediate effect of affording a quiet sleep of one or two hours, and no further medication was necessary.

In the *Richmond Med Journal*, Dr. S. Eagon recommends it highly in the cold stage of both intermittent and pernicious fevers, which he regards as "differing in degree only, and not in kind." His attention, he says, was first called to the internal administration of chloroform in 1860, by Dr. Turner of New Orleans, who had prior to that period employed it with gratifying results, in several cases of the cold stage, as well of pernicious as, of intermittent fever. Administered in doses of from half a drachm to a drachm, repeated at intervals of 15 to 20 minutes. Dr. T. regards it as possessing more potency than any other article of the *Materia Medica*, in bringing about reaction from the frightful collapse of pernicious fever. Dr. Eagon says that since 1860, having practised in a highly malarious district, he has had ample opportunity of putting to the test, and verifying the correctness of Dr. Turner's assertion, and also of the favorable testimony borne by various Medical Journals, as to the value of chloroform in the cold stage of these fevers. "Of the *modus operandi* of chloroform," he says, "I have seen no explanation. It seems most plausible to suppose that a powerfully stimulating impression is produced on the stomach by immediate contact of the remedy, which impression is rapidly conveyed, chiefly through the medium of the nervous system, to the capillaries, exciting in this system of vessels remote sympathy. As to the prophylactic, or anti-periodic power of chloroform in intermittent fever, I am inclined to think it possesses no greater virtue in this way than is common to all narcotics."

May not the action of this remedy, in producing a reaction from the *cold stage* of *malarious diseases*, when administered internally, be satisfactorily explained on the hypothesis of its anæsthetic effect upon the sympathetic or ganglionic nervous system, the arrest of function thus effected producing temporarily the same effect as was shown by Bernard to follow section of the trunk of the nerve? May not also the "cold stage" be attributed to the irritant action, on this system of nerves, of the morbid element we term malaria,—a state or condition similar to that demonstrated by Brown-Sequard to result from the application of galvanism to the sympathetic nerve? These hypotheses, we think, afford a more satisfactory and rational explanation of these peculiar phenomena than any other that we are aware of.

A NEW METHOD OF TREATING SPERMATORRHEA.—In a recent number of the *Boston Medical & Surgical Journal*, Dr. Charles Bliss, of Syracuse, New York, reports three cases of cure of this disease by the use of sounds reduced to a low temperature by being immersed in ice-water previous to their introduction. The beneficial effect of this method of treatment, he attributes "to the locally tonic and sedative action of cold in allaying the irritability, and overcoming the hyperæsthesia, on which the continuance of the disease in most cases principally depends." The satisfactory results from the treatment of these cases would certainly justify a favorable consideration, and more extended trial of it.

A NEW ANTHELMINTIC.—Dr. Broadus, (*N. O. Med. & Surg. Jour.*), reports having ordered hyd. mass, grs. xv, to be followed in a few hours with an ounce of castor oil, in the case of a gentleman who was subject to frequent attacks of gastro-intestinal irritation. By mistake the patient took *mercurial* ointment instead of the hyd. mass. With the first dejection he passed a large number of worms, (*lumbricoides*), and experienced immediate relief. Subsequently Dr. B. used the ointment successfully in other instances. His last case was one of tape-worm, which had long resisted treatment. After a day's fasting, the ointment and oil were given, and the head of the worm brought away.

U. S. PENSIONS.—We transcribe the following from the *Report of the Commissioner of Pensions*, for 1867:

Since the date of my last annual report the only surviving revolutionary soldier then receiving a pension, Samuel Downing, of Edinburg, Saratoga county, New York, has died. By special acts of Congress two other veterans, John Gray, of Ohio, and Daniel F. Bakeman,

of New York, have been granted pensions as revolutionary soldiers, at the rate of \$500 per annum, who were not enrolled prior to the close of the fiscal year.

Of the widows of revolutionary soldiers, married before the close of the revolutionary war, but one enrolled pensioner survived at the close of the fiscal year, viz., Nancy Serena, widow of Joseph Serena, of Pennsylvania. Of those married before the 1st day of January, 1794, there were, on the 30th day of June, 1867, 68 surviving pensioners; of those married before January 1, 1800, 50; and of those married after the last named date, 878. The total number of the widows of revolutionary soldiers whose names were on the pension rolls at the end of the fiscal year was 997. This aggregate includes a small number residing in southern States, whose pensions were restored on proof of continuous loyalty. Of the widows of revolutionary soldiers married prior to January 1, 1800, but 119 remained of the 158 whose names were on the rolls at the beginning of the year.

The total number of pensioners of all classes whose names remained on the rolls June 30, 1867, was 155,474. The number of new pensioners added to the rolls during the year was 36,482, and the number of pensioners dropped from the rolls on account of deaths, remarriages or other causes, 7,932. The number of pensions increased during the last fiscal year, chiefly under the acts of June 6 and July 25, 1866, was 33,581. The total amount of pensions was, at the close of the year, \$16,447,822 22, and the amount paid during the year, (including arrears and expenses of disbursement,) \$18,619,956 46.

A USEFUL INVENTION.—Mr. J. L. Isaacs of this city is the agent for the sale of an improved "Foot bath," which for perfection and simplicity combined, must commend itself to all who examine it. It is so constructed that the water required to sustain or regulate the temperature of the bath is made to enter from beneath, thus avoiding the inconvenience often attendant on "pouring in" the water in the usual manner. It is really the most perfectly constructed foot-bath that we have seen, and we think cannot fail to give entire satisfaction in use.

A NEW WAY OF MANAGING SHOULDER PRESENTATIONS.—In a late number of the *Medical & Surgical Reporter*, Dr. Edwin R. Maxson has proposed the correction of this very serious mal-presentation—one of the most dangerous both to mother and child—by means of the "postural treatment," recommended by Prof. Thomas, of New York, in cases of prolapse of the umbilical cord, combined with gentle and judicious manipulation.

The postural treatment consists in placing the patient on her knees, with her face and chest lying flat upon the bed.

In attempting the reduction of a prolapsed cord by this method,

Dr. M. had the satisfaction of seeing an *abdominal presentation* corrected and rendered perfectly natural. In regard to this case, he says, "the manipulation I resorted to, in putting back the cord, was so very slight, that I regarded the position of the patient, alone, as the cause of the very desirable result. * * * I did not take to myself any credit for the correction of the presentation, in this case, as it was accidental and unexpected." Not long after this he had an opportunity to turn to a practical use the knowledge thus incidentally gained, in the treatment of a case of shoulder presentation to which he was called in consultation. In three previous pregnancies the shoulder had been presented and all the children had been born dead, after the operation of turning. Having called to mind, he says, the case of mal-position with prolapsed cord which he had so recently succeeded in correcting, mainly by *position*, he suggested the *possibility* of correcting the presentation in this case by position and gentle manipulation, and with the consent of the doctor, made the effort in the following manner:

I had her get upon her knees, on pillows, upon the bed, so as to raise her hips up well from the bed, her chest and face lying flat upon the bed, fetching the back at an angle with it of about forty-five degrees, the knees being a little apart; I then passed my hand, well smeared with lard, into the vagina, and with scarcely any effort, and without the least complaint or evidence of uneasiness on the part of the patient, crowded back, and of course, *down*, in her position, the shoulder, and slipping my hand between the brim of the pelvis and the foetal head, I spread out my fingers and brought or directed it, during a pain, to the superior strait; and then, retaining the grasp, we had her turn her hips down carefully upon her left side on the bed; when, after a pain or two, the head engaged in the superior strait, and we had a perfectly natural presentation, without having used the least violence, or apparently caused any pain or uneasiness to the patient; and all accomplished, I should judge, within from five to ten minutes.

The doctor being satisfied with the presentation, I left about three o'clock, A.M., and learned from him that the labor progressed favorably, and terminated at 9, A.M., or about six hours after I had left, the child being a fine plump boy, of ten pounds, alive and well.

Now, the ease with which the hand is passed into the vagina and uterus, with the patient in this position, is wonderful, and will surprise any one that has never made the effort.

From the result of this case, and from philosophic reasoning, I am convinced that with this *position* there need generally be no difficulty in thus converting a *shoulder presentation* into a *natural* one, and that, too, without necessarily subjecting the woman to any danger, from the slight manipulation required, or to scarcely inconvenience even, thus rendering the life of both mother and child so much more secure than

they can possibly be by turning and delivery in the usual way, however skilfully they may be performed. What I claim to have *discovered* in this method, is the availability of the position suggested by Dr. T. G. Thomas for replacement of the prolapsed cord, in the conversion of *shoulder into natural* presentations.

It is not pretended that this can be accomplished in all stages of labor or conditions of the parts. But that in all *conditions* of the parts, and *stages* of labor admitting of turning and delivery, the presentation may be thus corrected, with much less difficulty, and with far more *safety to mother and child*. In fact, no danger need be incurred in the effort required to thus correct a shoulder presentation, while, to say nothing of the danger of lacerating the uterus in turning, all obstetricians are aware of the danger attending cases in which the feet present or are brought down, or in turning, from pressure of the head on the umbilical vein and arteries, before its expulsion, producing in many cases, the death of the child from apnœa. For the greater *safety of mother and child*, then, I suggest a trial of this course of proceeding in shoulder presentations. And while I do not believe it can be accomplished without the *position*, which really does most of it, I am confident, that with prudence and the exercise of common sense, no one need fail, with the aid of the position, in any case, stage or condition of labor, that would admit of turning and delivery. And though the cases referred to may not be sufficient to establish this course of proceeding in shoulder presentations, I do claim, that as the principle is truly philosophical, further *trial* is warranted, which may reject or establish the *rule*.

Two cases are of course insufficient to base a general plan of treatment upon, but considering the very great mortality that has always attended this class of cases, and the difficulty not unfrequently attending the process of delivery by turning, we deem the experience of Dr. Maxson worthy of record, and would certainly recommend in similar cases a further trial of the treatment that has proven so successful in his hands.

TREATMENT OF SYPHILIS.—In the *Memoires et Bulletins de la Societe Medico-Chirurgicale des Hopitaux et Hospices de Bordeaux*, (tome 11, 1867,) is a very interesting paper by M. Moussous, upon the past and present treatment of syphilis. The principal points in the paper are thus summed up:

1. The idea of treating syphilis without mercury is not new.
2. In the rational treatment of the 15th century, by consecrated pieces of wood, and the Portuguese method, mercury counts for nothing.
3. Blennorrhagia,—simple chancre, with its local complications,—syphilis, with its general poisoning of the system,—are three distinct maladies, and are not to be treated in the same way.
4. The cauterization of the infecting chancre as a preventive of con-

stitutional syphilis, is of no utility, the disease being established when the chancre has appeared.

5. Mercurial treatment, however well conducted, and though instituted at the budding forth of the chancre, is incapable of preventing the general manifestations, but only defers the period of their usual occurrence.

6. If the mercurial treatment be reserved for the time when the general symptoms appear, it then has perhaps more influence upon them, to the extent of making them disappear more rapidly.

7. Mercurials are specially suited to the secondary symptoms.

8. The further syphilis advances towards its later forms, the more mercury loses of its influence upon it.

9. In the tertiary period the hydriodate of potassa is the drug on which the most reliance is to be placed; it is of service also in the period of the prodromes which precede the general symptoms; it is, therefore, the medicine for the commencement and for the end.

10. Syphilis may disappear without interference—*sponte sua*.

11. An eclectic treatment, in which one part is assigned to the reactions of the organism, another to mercury and hydriodate of potassa, to which may be added iron, quinine, and certain warm mineral waters, would assuredly be the best suited to bring about the cure of syphilis.—*Boston Med. & Surg. Jour.*

EPISTAXIS, AND THE MEANS OF ARRESTING IT.—Dr. John Thompson, (*British Medical Journal*,—*Canada Med. Journal*,) recommends the following simple, and, in his hands, very successful treatment, as a substitute for the ordinary method of *plugging* the nares. A strip of lint, as broad as the finger and twice the length of the nasal passage, is folded over the “bowl end” of an ordinary director, and introduced along the floor of the nostril until it reaches the throat. The director is then withdrawn, “giving it a wriggling movement, so as to leave the lint rumpled and loosely distending the passage. The result is, that the blood rapidly permeates and distends the lint, a large coagulum is formed, and the bleeding is completely arrested.”

LIQUOR FERRI PERSULPHATIS AS AN ANTI-PERIODIC.—Dr. G. H. Lenoir states, (*Southern Journal Medical Science*, Nov. 1867,) that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia had failed, and even produced unpleasant effects.

Immediately after the administration of the iron the chills ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence.

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of *pil. cathart. comp.*

ELECTRICITY IN POISONING FROM OPIUM.—The *Annales d'Electricite*, (Cincinnati Lancet and Observer), calls attention to four cases, where this remedy was successfully employed, when the patient was *in extremis*, and when all the usual means had been tried and failed. One pole was placed at the nape of the neck, and the other in the perineum, and in a quarter of an hour the improvement was such that the patient was out of danger.

THE USE OF CHLORATE OF POTASH AS A PREVENTIVE OF ABORTION.—At a late meeting of the Medical Society of the County of New York, Dr. Fordyce Barker strongly recommended the chlorate of potash as a preventive of abortion resulting from fatty placenta. This remedy was first suggested by Dr. James Y. Simpson, on the ground that its oxygen-producing power would render it beneficial in this class of cases. Whatever may be the truth of this chemical theory, clinical experience has convinced Dr. Barker of the value of this remedy. He related several remarkable cases of success with it after repeated abortions. Patients themselves frequently notice the effects of the remedy on the movements of the foetus.

As a cause of abortion he considers plethora and nervous irritability as being rather secondary than primary manifestations, and has little faith in preventive remedies directed against them. To toxæmia and chloro anæmia he attaches more importance, and very generally directs exercise in the open air, with good diet, mild stimulants, and tonics where necessary. These, he says, with the confidence of hope, will often bring a pregnancy to a happy termination after repeated abortions.

LIEBIG'S ARTIFICIAL MILK, says an exchange, is as close an imitation of the natural food of the human infant, as chemistry can make. "It is prepared as follows: Half an ounce of wheat flour is boiled to a paste in five ounces of skimmed milk; to this is added immediately a mixture of one-half ounce of bruised malt, one ounce of water, and three grammes of a solution of two parts of bi-carbonate of potassa in eleven parts of water. The whole is then kept warm by standing within an envelope of tepid water until it is no longer pasty, but of a creamy consistence. After fifteen or twenty minutes it is put on a fire, for a few seconds only, and then strained through a fine hair seive. It should be allowed to stand long enough to deposite some fibrous matter before it is given to a child or invalid."

We have no practical experience with this preparation, but should think it liable to several serious objections. In the first place, in all

large cities, there is great difficulty in getting pure, or unadulterated milk suitable for the preparation of food for infants; and even when this is possible, the preparation when completed will be highly prone to fermentation. In an experience of fifteen years, during which we have had occasion to give much attention to the "artificial feeding" of children, we have found nothing superior, or even equal to the "Barley water" of the U. S. Dispensatory, when carefully prepared. The facility of its preparation is such that it can easily be made fresh every day, whilst, if necessary, it can be kept unchanged and ready for use, for several days. It should be sweetened with the best "loaf sugar" *only* as used. As the digestive powers improve, arrow root, farina, corn starch, &c., may be added, and the child gradually accustomed to a change of food, without the serious consequences so frequently resulting in other methods of alimentation. In children thus nourished, there is no excessive formation of adipose tissue, but the muscular tissue is unusually firm, and the derangements of the alimentary canal that are constantly occurring in "bottle-fed" infants are exceedingly rare indeed. In cases of indigestion, excessive acidity of stomach, diarrhœa and cholera infantum, in which we have been assured that "nothing would lie on the stomach," we have used the "barley-water" successfully, and have had the satisfaction of seeing the little patient recover, even in very extreme cases, with hardly any other than *hygienic treatment* and judicious alimentation.

THE PATHOLOGY OF SUDDEN DEATH IN CASES OF GANGRENE.—The following explanation of the mechanism of the sudden death which sometimes occurs in cases of gangrene, is offered by Prof. Parise: The sudden death is caused by the formation of putrid gases in the veins of the gangrenous limb, which gases gain access to the heart, and cause death by the same mechanical interference as arises when air is admitted to the veins in surgical operations. This termination is to be feared in cases of deep, moist and rapidly advancing gangrene. The indication is therefore to make immediate amputation, unless it is otherwise contra-indicated, in which latter case deep incisions should be made, and the principal vein of the limb compressed.—*Medical Gazette*.

HYPO-SULPHITE AND SULPHITE OF LIME IN MALARIAL FEVERS.—In a recent number of the *Leavenworth Medical Herald*, Dr Turner very highly extols the use of both these articles in the treatment of malarial fevers. He says that in 1866, while practicing in Southern Illinois, in association with Dr. John D. Cope, they used the hypo-

sulphite "in from one hundred and twenty-five to one hundred and fifty cases of intermittent and remittent fevers, with almost unvarying success," and with better after-results than with quinine, or any of the alkaloids of the Peruvian bark. "After these favorable results," he says, "with the hypo-sulphite, I was induced to try the sulphite, and in a large number of cases, treated both then and since my removal to this city, I verified its power to be equal to the former in those varieties of malarial disease."

The usual dose, he says, of either of the salts, was 15 to 20 grains every two hours, for an adult. Compared with quinine, the action of the sulphites was not at all times as prompt, but when relief was afforded, there was less tendency to periodic return.

Should these remedies prove as efficacious in the hands of other practitioners as reported by Dr. Turner, their comparative cost with that of quinine will, to the poor at least, prove a matter of no small consideration.

HUMAN DECADENCE.—In an able thesis on death, Dr. Acosta, of Paris, discusses the difficulty of determining the commencement of old age, and says the Greeks regarded the age of 49 (seven times seven, their climacteric number), as the culminating point of human strength. Another French writer, M. Flourens, however, holds that decadence does not commence until the 70th year. The Chinese call those who have attained that age "rare birds," and those which reach the 90th year "old loiterers." The two climacteric ages of the Arabs were 63, (seven times nine), and 81, (nine times nine). The first was considered the grand climacteric among the ancients, and those who passed it were accustomed to congratulate each other. Physiologists recognise two sources of strength in the constitution; one is called the force in use, and the other the reserved force. Doubtless the period of decadence bears some relation to the period required for full development. Those who are long in arriving at the full maturity of their powers, as a general rule, are long in losing their store of reserved force. Bodily strength may be compared to a water-power. During the period of growth the surplus vitality is used in development, as force is expended in building structures to raise the head and fall of water. Through the term of middle life the supply of strength greatly exceeds that expended in work, and the surplus quietly passes off like unused water over the waste weir. When the period of decadence arrives, the stream begins to diminish. There is no longer a residue of unused force. During the day there is no flow of water over the weir, and a whole night is required to bring the head and flow to its accustomed height. Every source for supply is employed, and care is taken to prevent the escape of unused force. Gradually the constitution is enfeebled, but has not even power to repair bodily waste. The

weir crumbles, the leakages are no longer checked. Slower and slower turns the wheel of life, until at last, by some sudden diversion, its scanty supply is cut off, and it has forever ceased to move. To guard the weir of life, to prevent its sudden destruction by fatal disease, and to show how best to repair the damage of constant decay is the business of the physician. It is said the average length of human life among civilized nations has been greatly increased during the last century. This gratifying result must be accredited in part to the introduction of new remedies for disease; yet it will not be out of place to assert that the most important of all arts—medicine—has not kept pace in improvement with many others affecting the material well-being of man.—*Phila. Med. & Surg. Rep*

BI-SULPHITE OF LIME AS AN ANTISEPTIC AND DISINFECTANT.—MR. W. S. SCOTT, (*Brit. Med. Jour.*) claims that beef tea, or broth may be prevented from turning sour by stirring in a few drops of solution of bisulphite of lime to each pint; and the same plan will enable us to keep jellies in the sick room. unimpaired, for many days. Cloths or matting soaked in a solution of it, and hung up, act as disinfectants of the most effective kind, and do not exhale the unpleasant odor of carbolic acid, or the irritating vapors of the chloride of lime. He says he has employed the bisulphite of calcium for the preservation of numerous anatomical and other specimens, and that it does its work perfectly, and without occasioning the great changes of color and contraction of muscular structure so frequently produced by ordinary antiseptics; moreover its special advantage over the preparations of mercury and arsenic lies in the fact that it is not poisonous, and can therefore be handled with perfect safety. For ointments, a fluid drachm to each pound is quite sufficient to preserve them, while it has no injurious action whatever, and is quite compatible with the great majority of ointments and oily preparations.

TO PREVENT METALS FROM RUSTING.—Dip the article into very dilute nitric acid, and afterward immerse it in linseed oil, allowing the superfluous portions to drain off. When the coating of oil is thoroughly dry, the article will be ready for use, and, thus protected, will remain bright for years.—*Journal of Applied Chemistry*.

DESICCATED EGG.—We learn from the *Chemical News* that this is the most recent novelty added to the already long list of preserved articles of food. The eggs, fresh from the shell, are beaten into homogeneity in a covered trough, by a revolving shaft armed with a series of metallic disks. The egg is then quickly dried by a current of hot air being passed through the box, when a series of scrapers are

brought into action, and the egg collected in the form of thin scales or granules, which have the appearance of being crystalized. The preparation thus obtained retains perfectly all the properties and flavor of the fresh egg, and by dissolving a little in water, and beating as usual, may be used for the various purposes where broken egg is needed. One pound is equal to 44 eggs; 100 doz. eggs, when thus crystalized, or desiccated, occupy one cubic foot. A company in New York have purchased the invention, and are thus preparing eggs for the market.

A USEFUL CEMENT FOR MENDING BROKEN PORCELAIN OR GLASS.—The *Gazette de Medicine* gives a formula for the preparation of one of the best cements for uniting porcelain and glass, invented by M. Pelouze. It is composed of a concentrated solution of isinglass, to which is added a little gum ammoniac, dissolved in a small proportion of alcohol, so that the whole makes a very thin paste. It is to be applied with a small spatula to the two surfaces to be united, which are then pressed together and left to dry. Gum mastic may be dissolved in alcohol and substituted for the gum ammoniac.

ALUM CRYSTALIZATIONS OVER FRESH FLOWERS.—Make baskets of pliable copper wire, covered with gauze. Into these, fasten bouquets of violets, ferns, geranium flowers, chrysanthemums,—in fact, any flowers except full-blown roses,—and sink them in a solution, after it has cooled, of alum, one pound to the gallon of water. The colors will then be better preserved in their original beauty, and the crystalized alum will hold faster than when from a hot solution. When a light covering of distinct crystals has completely covered the articles, remove them carefully and allow them to drain for twelve hours. These baskets make a beautiful parlor ornament, and for a long time preserve the freshness of the flowers.—*W. P. Creery, in the Am. Jour. Pharm.*

TO REMOVE RUST STAINS.—Stains of iron rust may be removed from linen or cotton, thus: Wash the cloth through one suds. and rinse. When wet, rub ripe tomato juice on the spots. Expose it in the sunshine until nearly dry, and wash in another suds.—*Ibid.*

NEW GLUE PREPARATION.—A German chemist has discovered that if glue or gelatine be mixed with about one-quarter its weight of glycerine, it loses its brittleness, and becomes useful for many purposes for which it is otherwise unfit, such as dressing leather, giving elasticity to parchment, or enameled paper, and for book-binding.—*Druggists' Circular.*

Humboldt Medical Archives.

NEW SERIES.

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IS TERTIARY SYPHILIS COMMUNICABLE?

A Case of Indurated Chancre and Constitutional Syphilis contracted in an unusual manner. Reported by Dr. A. M. SIGMUND, Shimmersville, Pa.

On August 24th, 1867, I was called to see Miss M. H., aged 17 years, well developed, and to all appearance in good health, with the exception of a large and painful ulcer on her upper lip. Upon examination I found the ulcer to present the following characters: It was situated on the center of the lip, extending from its anterior margin to near the frænum, oval in form, and, the lip being much swollen, about five-eighths of an inch in its longest diameter. Its surface was hollow, as if scooped out, and covered with a layer of dirty greyish lymph; the edges were hard, slightly elevated, and sloping a little from within outwards; the base well defined, and very hard, feeling, when pressed between the thumb and finger, like a button or ring of fibro-cartilage.

On inquiry, I learned that about two weeks previous the lip had become indurated at the center, where she had had a slight chap, after which the induration increased until it had involved the whole thickness of the lip, and then—about a week after—it commenced to ulcerate. On my informing her that the ulcer was undoubtedly of a syphilitic character, and asking her as to how, and when she became infected, I received the following statement,

which, from what I since have learned, I believe to be true.—About three weeks before, she had been at a Pic-nic, and was there in company with a young man, (whom *I knew* to have been laboring under *tertiary syphilis*, and had also at that time, some indolent sores on the inside of his lips), and that, at one time during the day, when he had been smoking a segar through a very beautiful amber mouth-piece, she playfully took it from him and placed it in her mouth. In the evening he accompanied her home, and in parting impressed several kisses upon her lips, one of which was rather prolonged, in order, as he said, to take a good parting kiss, as he would leave the neighborhood in a few days. She felt nothing unusual about the lip until about a week afterward, when the induration commenced; but thinks she had a slight chap, or abrasion on it at that time, where the induration afterward occurred.

On further examination I found that no visible secondary or constitutional symptoms had as yet been developed, *and also, that there was no local disease, or evidence that there had been any, on any other part of her body.* To all appearance the disorder was as yet only local.

I applied solid nitrate of silver—the stick being brought to a fine point—thoroughly to every part of the ulcer, and the slough came away in a few days, the ulcer presenting rather an aggravated condition, where I re-applied the nitrate. From this time it commenced to heal—the nitrate being applied as often as was deemed necessary—and in about three weeks the sore was entirely healed, but considerable hardness remained for some time after, which, however, disappeared entirely under the subsequent constitutional treatment.

I remarked that when I first saw the patient there was only the primary sore on the lips. In the course, however, of a few weeks—about five weeks from the appearance of the local lesion—secondary symptoms manifested themselves; such as the characteristic eruption, sore throat, pain in the ears, joints, &c., and enlargements of the cervical glands, with pain extending to the mastoid processes on both sides. She suffered also for some time from rheumatism (syphilitic) of her left arm, prevent-

ing its use; she also had some non-suppurating buboes, but only on the left side. The eruption, as I have said, was markedly characteristic, and was most numerous on the forehead, scalp, face, neck, breast and arms; there was some also on the body and lower extremities, but not so numerous. It was at its height about ten days from its appearance, remained stationary about a week, and had disappeared again in three weeks more. The sore throat—not ulcerated, but only a little inflamed—enlargement of the glands, pain in the ears, and some soreness of the joints remained some weeks longer. The whole course of treatment lasted between three and four months, when I discharged her seemingly cured. I have seen her but a few days since and she tells me that she continues in perfect health.

The treatment constitutionally, consisted of iodide of potassium, in doses ranging from five to fifteen grains, three times a day, given in compound syrup of sarsaparilla, with the bi-chloride of mercury in half-grain doses until the gums were slightly touched, when it was omitted; morphine was given to relieve the pain.

A few days after I was called to see this case, a young man came to my office stating that he had a sore lip, which pained him considerably, and that he felt very uneasy about it, "especially as he had seen a lady having a very sore lip." On asking more particularly, I learned that he had been in company with this same Miss M. H.—a few days after the sore on her lip commenced, and not thinking of any danger had kissed her. The sore was not as yet large, but had the characteristic appearance of an indurated chancre. I applied nitrate of silver thoroughly then, and again in a few days after, after which it healed nicely, and then gave the usual constitutional treatment, and up to this time no constitutional symptoms have appeared.

These cases are interesting as instances of the disease being communicated in rather an unusual channel.

The first case is also particularly interesting, as tending to determine the mooted point as to the communicability of tertiary syphilis. There can be no question that the young man had at the time well-defined tertiary syphilis; the sore on the young

lady's lip was a well-marked "initial lesion," and followed by "characteristic constitutional syphilis."

[If, as stated by the writer, the young man had well-defined tertiary syphilis, and the young lady contracted her disease from him, in the manner stated, the case as reported is certainly one of very unusual interest, as being in direct antagonism to, and subversive of the long accepted teaching of Ricord, that syphilis in its secondary and tertiary stage is not only not inoculable, but that in these stages or forms it loses, in part, its peculiar type. "Secondary symptoms," he says, "are the consequences of the absorption of the virus, and are transmissible by hereditary descent, without being inoculable. Tertiary symptoms are not inoculable, but cannot be transmitted by hereditary descent under their peculiar type, although, in consequence of a kind of degeneration or modification of the syphilitic virus, they are, probably, one of the most fruitful sources of scrofula." Again, in speaking of tertiary symptoms, he says, "they never furnish inoculable secretions."

Upon this subject Dr. Bumstead, in his most excellent treatise on venereal diseases, says, that "Ricord's statement that 'secondary symptoms are not capable of inoculation' is true in the guarded sense in which it was intended, viz: that they are not inoculable upon the persons bearing them; but the inference which was also designed to be conveyed, is not true, as Ricord himself has since acknowledged. Both are contagious and inoculable upon persons free from syphilitic taints, but neither are auto-inoculable.

"Again, Ricord's statements relative to tertiary symptoms cannot at the present day be implicitly received. This author maintains that tertiary lesions are not inoculable, and cannot be transmitted by hereditary descent under their peculiar type; and hence that the virus in this stage must be entirely changed from its original character. The first of the above assertions is doubtful, the second is incorrect. The inoculability of tertiary symptoms has never been tested upon persons free from syphilitic taint, and its possibility, therefore, may yet be demonstrated, as that of secondary symptoms has been."

In the case above detailed, it will be observed that the virus did not reproduce symptoms or lesions characteristic of the stage of the disease to which it pertained, but that the virus from the tertiary stage produced the "primary initial lesion"—an indurated chancre, followed by secondary or constitutional symptoms, and reproducing a similar "initial lesion" upon another uninfected person. This case, therefore, if there be no error in regard to it, is particularly interesting, in furnishing evidence of the effect of the inoculation from the virus of tertiary syphilis upon a person free from syphilitic taint, the effect of which, Bumstead says, has never been tested.

We, ourself, have always believed that the disease was capable of communication by its specific virus, regardless of any particular stage or symptoms, and it certainly is but reasonable to infer, that if the virus is of a specific character (a fact most unquestionable) that the effect of the inoculation upon a person free from syphilitic taint or infection should be the production of the "initial lesion," and this, of course, followed by the usual constitutional infection. Such seems to have been precisely the sequence in the case, as reported by Dr. Sigmund.—ED.]

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the proceedings of the Society, reported for the Medical Archives by A. J. STEELE, M. D., Recording Secretary.

RUPTURE OF THE UTERUS.

Prof. Maughs presented to the Society a large uncontracted uterus of a muscular woman, who died of rupture of the uterus during parturition at full term. The rupture was in the right lateral posterior portion, involving the entire thickness of the walls, and including the upper portion of the vagina, the cervix and corpus uteri. There was no indication of previous disease

in the organ. Along the line of rupture, the well-developed, freshly torn muscular fibres gave evidence of great strength.

The case came under the notice of the coroner, there having been suspicions of mal-practice, and the history of the case shows that these suspicions were well founded; the amount of guilt, however, of the different parties, it is impossible to determine. The woman, who had previously borne five or six children, (labors not unusual) was being attended by an ignorant midwife, in an obstructed labor,—the fault, it appears, of some mal-position of the child. After wasting many hours, and finding that the violent and almost continuous pains were insufficient in advancing the labor,—and urged by the solicitude of the husband, who proposed going after a physician,—she administered ergot, after which the violent and almost continuous contractions deepened into a state of great agony. The child not advancing, a physician was sent for, who, on his arrival, without attempting to apply the forceps, introduced his hand into the rigidly contracted uterus, turned the child, and delivered the woman of a dead foetus;—and almost in the act, the woman forgot her pains,—and expired.

REMARKS: This frightfully appalling accident is, fortunately, very rare, as it is most generally fatal. In this case, the woman gasped, and died, almost before the attendants were aware that anything unusual was the matter with her; and the alarmed midwife and the doctor being alike unable to account for the sudden death, an inquest was demanded.

Now, while it is readily apparent that both midwife and physician were guilty of the most flagrant mal-practice, it is, as stated above, impossible, with the light before us, to determine which of the two really destroyed the woman. Of course, to give ergot under such circumstances was in the highest degree criminal; but to introduce the hand and turn the child during the ergotic contractions, was to destroy the woman. Unfortunately, we are ignorant of certain points as to the condition of the woman, at the time when she passed from the hands of the midwife to those of the physician. If the pains had ceased—if there was external hemorrhage, with great prostration on the part of the woman, previous to the act of turning—then the mischief had already

happened; and if this was not the case, it is difficult to conceive how any one would have dared to attempt turning, as in this case, without first bleeding, nauseating, or anæsthetizing the patient. Indeed to attempt turning at all, in this case, even with these adjuncts, was inadmissible—criminal, unless the rupture had already taken place.

It is calculated that rupture of the uterus occurs not oftener than once in 2,000 cases. Its causes may be either traumatic or idiopathic. Of the former, injury may be done the uterus by falls or bruises—by the use of instruments, the forceps, or the crotchet—by the introduction of the hand during contraction—by injuries done the neck of the uterus by bony tumors,—sharp angles, as a protruding promontory of the sacrum, &c. The idiopathical causes producing rupture of the uterus are,—inflammations, ulcers, and softening or fatty degeneration; the physiological condition immediately following parturition, at full term, thus being anticipated. In these cases, the uterus may rupture during ordinary contraction, and when there is no obstruction from the child or pelvis. These cases are exceedingly embarrassing, as they are not foreshadowed by any certain premonitory symptoms, but may happen during the progress of an ordinary labor, and at a time when the accoucheur is expecting at each pain the exit of the child. Or the uterus may be ruptured, in cases of obstruction, at any period of the second stage of labor, by virtue of its own inordinate contractions; or in cases when the contraction is spasmodic, and not affecting the entire uterus; or in obstructed cases, when lashed to fury by the action of ergot. It may be, in regard to the first class of idiopathic cases, that if observant, we may be placed on our guard by the persistence of pains in some parts of the uterus, or by the existence or the persistence of inordinate pain, the contractions not being violent—especially if the woman is the mother of several children, and her previous labors have been easy and natural. The existence of such conditions would justify an early resort to anæsthesia and the forceps. It were better then to apply the forceps unnecessarily, and even at the superior strait than to risk the frightful horrors of a laceration. In cases of obstructed

labor, of course these means would be early resorted to; and these failing, resort should be had to embryotomy.

SYMPTOMS.—In some instances the sound of the rupture has been distinctly heard by the attendants; and in all cases where the laceration is extreme, there is immediate cessation of the labor-pains; and, in most cases, recession of the foetus, and a destructive hæmorrhage, both externally and into the peritoneal cavity; and yet this hæmorrhage from the ruptured uterine tissues is not necessarily so great as we might expect. In this case there was no great amount of hæmorrhage. The failure of the pulse—pallor of countenance—coldness of extremities—griping, and death, being perhaps more frequently the immediate result of shock than of loss of blood.

TREATMENT.—Deliver immediately, and if necessary to this end, use the forceps; indeed in cephalic presentations these should always be resorted to immediately; if delivery by these be impracticable, the crotchet. If the child has escaped into the cavity of the abdomen, and if the limbs can be reached, pass the hand well up without loss of time, and deliver by the feet, carefully avoiding bringing down any loops of intestine; cleanse the abdominal cavity of any clots of blood, deliver the placenta, and notice that no part of the intestines become engaged in the uterine rent. Give brandy and laudanum freely. But if some time has elapsed before the physician sees the case, and if there is some contraction of the uterus and difficulty in reaching the child, it were better to resort to gastrotomy. If the patient is greatly prostrated by the shock, or hæmorrhage, give brandy and opium, and defer the operation a few hours, until reaction has, to some extent, been produced. This deferring a grave operation, however, until reaction has been established, or until the collapse of shock has been recovered from, is a rule not confined to these cases, but should be observed in all accidents requiring surgical aid. The neglect of this rule has caused the death of multitudes. In these cases it should be remembered that opium is far better than alcohol. We would then earnestly recommend the removal of the child and secundines, clots, &c., first, by the hand, or forceps, or crotchet, either *per viæ naturales*, or (in con-

ditions named) resort in preference to gastrotomy. But this resort to gastrotomy, this bold, energetic practice, which would always deliver the woman, belongs rather to France and our own country; the English, under the timid advice of Denman and others, would turn and deliver, and if this were not practicable, would leave the woman to her fate; vainly hoping that the *vis medicatrix naturæ*, in the abundance of its resources, might work a cure beyond expectation. Nature works no miracles—her course is uniform—and death, here, to the undelivered woman, is the rule. The cases reported to have recovered when the fœtus was not extracted, were, doubtless, in almost every instance, extra-uterine. Let us then boldly meet this appalling accident, and give the unfortunate sufferer every chance for her life. Act intelligently, cautiously, boldly, and we may have the satisfaction of snatching a most interesting patient from the very grasp of death.

Were we called upon to express an opinion as to the time the rupture took place, we would say, during the efforts to introduce the hand; or in the act of turning, as this was done while the uterus was under the influence of the ergot.

COOPER COUNTY MEDICAL SOCIETY.

OSTEO-MYELITIS.

Dr. A. H. Conkwright presented a specimen, with the notes of a very interesting case of diffuse osteo-myelitis, and caries of the tibia and tibio-tarsal articulation.

The individual, a married woman, about 23 years of age, and mother of three children, had been sent to him by Dr. Rothwell. He had first seen her on the 31st of May.

Her statements as to her previous history were by no means lucid. Her family belong to the commoner sphere of life. Her health had been tolerably good until about three years ago, when she was seized with a violent pain near the ankle joint, which continued without material abatement until suppuration was established and vent given to the accumulation of pus. The acute

pain then subsided, but the inflammation and suppuration continued and spread until both the tibia and astragalus became involved in almost their entire extent. This attack was attributed to a supposed fracture,—the result of a fall in early childhood,—but the specimen presented no evidences or traces of such fracture.

When he first saw her she was very anæmic, excessively emaciated, of a sallow, dusky complexion, and marked strumous diathesis; bowels constipated; anorexia, and pulse 130. From below the ankle until within three inches of the patella there were *twenty-three* fistulous orifices communicating with the bone. The skin was of a dark purplish hue, and there was much œdema of the foot and ankle, with complete immobility of the ankle joint. The other foot was becoming œdematous.

Upon consultation with Drs. Rothwell, McGaughey and Howlett, it was decided to amputate, but to postpone the operation until her general health could be improved. To effect this she was put on tr. ferri chlor., 2 drachms, glycerine, 14 drachms; a teaspoonful every four hours. Under this treatment, with suitable diet, she rapidly improved until June 19th, when, deeming nothing to be gained by further postponement, the amputation was performed about three inches above the knee.

Erichsen advises that the bilateral flap should be employed in amputating at this point, on account of scarcity of material for the antero-posterior flap. Notwithstanding the extreme emaciation, no such deficiency was apprehended in this case; and in order to avoid the possibility of splitting the femoral artery, as cautioned by Erichsen, and the danger of tearing the flaps asunder by the tilting of the stump, as suggested by Dr. McGaughey, as also on account of the somewhat easier performance, he selected the antero-posterior operation. After the administration of a half-ounce of brandy, she was placed under the influence of chloroform, and the leg removed and arteries secured without the loss of more than three ounces of blood. Subsequent pain was controlled by morph. sulph. gr. ss.

It should have been remarked at another place, that when he first saw the patient, she was suffering from chronic blepharitis,

which was rapidly removed by the ointment of nitrate of mercury, and solution of nitrate of silver, with tonics.

June 20th.—Has passed a sleepless night; some vomiting; no pain; continuous perspiration; slight discharge of bloody serum from one point; pulse 125. Ordered quinia in sol., 1 gr., with acid sulph. aromat., 10 grs., every six hours; diet, milk and eggs.

June 23d.—Wound looks well; seems inclined to heal by first intention, save at one point near ligature of femoral artery, which emits serous discharge; pulse 120; appetite improved; no suffering. Removed and re-adjusted four straps; ordered quinia, tr. ferri chl., and glycerine.

June 26th.—Wound healing by first intention, with exception of one or two points; no pain; sleeps well; appetite good; pulse 105; removed three adhesive straps; continued iron and good diet.

June 30th.—Wound seems to have healed perfectly by first intention, except at one point, from which there is a thin yellowish discharge, of slightly offensive odor; appetite good; looks well; pulse 105; complains of shooting pains in the stump with tilting upward. Removed sutures and dressings and re-applied a few straps.

July 18th.—Removed all dressings and discharged the case.

What seems to be chiefly interesting in this case is the rapid recovery from her extreme exhaustion, after three years of prostration, and with strumous diathesis. The wound may be said to have healed throughout by first intention, the entire discharge, from operation to dismissal, not having much, if any, exceeded a half ounce, and that rather sero-sanguinolent than purulent.

It may be noticed that she had throughout the benefit of the most decided tonics and restoratives—iron, quinia, mineral acids, and nourishing diet. Not even was the local application of cold water allowed to the stump, apprehending a possible depressing effect therefrom.

Amid the great and continued depression of constitutional vitality, and the extensive impairment and dilapidation of structure, it is interesting to observe the recuperative powers of nature, as evinced in the efforts to repair the destruction and replace the old bone with new.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

[From the New York Medical Record, of March 2.]

ALIMENTATION IN DISEASE.

Dr. Austin Flint, Sen., in opening a discussion of this subject, insisted, with Chomel, that all medical theory and observation must be brought for final judgment to the bar of good-sense, the true genius of medical experience. After an account of the phenomena of starvation, he remarked that for their production it is unnecessary that food be entirely withheld; starvation takes place wherever aliment is either insufficient in quantity, or unsuitable in quality, to supply the blood with all the materials for nutrition. But where the effects of innutrition are developed slowly, they are less striking, and are apt to be overlooked. Again, one part, or one tissue, may be starved, from lack of its own proper nutriment, while the rest of the system is sufficiently nourished. Recognizing these facts, we are next to consider that disease has no protective power against starvation; which is sure to occur if aliment is not ingested or not assimilated. More or less of the morbid phenomena of nearly all diseases are due to innutrition; indeed, this may often supersede the affection of which at first it was an incidental element, and prove the immediate cause of death.

From the time of Graves, who inaugurated so great a reform in the treatment of the essential fevers, we have been gradually learning the value of alimentation in their management; but it is of equal importance in the treatment of other diseases. Among supporting measures in active diseases, it holds the first rank; and in those chronic affections where recovery is impossible, it helps to postpone the fatal termination. What are its limitations? If we except the early stage of some acute diseases, when depletion may be an object, there can never be any risk of hyper-nutrition; and our principle should be to give all that the system will assimilate. True, we must attend to the condition of the

digestive organs ; yet the harm arising from over-alimentation is less than generally supposed, and rarely greater than that from a cathartic. It is safer to err in the direction of over-feeding than to limit our supplies below the capacity for digestion. As to the rules which should guide us, a few suggestions must suffice.

In acute diseases, where the object is to support the patient through their course, it is often necessary to give food without regard to appetite or taste. In many cases the wants of the system are not indicated by hunger ; and you must then not only feed your patient, but make sure that the aliment given contains all the elements of nutrition. He may starve to death on beef-tea. The diet, moreover, should be concentrated, and in liquid form. Milk is the best single article, and is improved by admixture with farinaceous substances ; eggs and meat-broths are of great value. Allow sufficient intervals (at least three or four hours) between the times of administering nourishment, in order to observe the effect upon the digestive organs, to give them rest, and to avoid interference with sleep. Frequently vary the articles of diet, their proportion, and mode of preparation, otherwise the stomach, as well as the palate, will rebel. To secure proper variety, the physician must be minute in his directions. The patient's desire for special articles should generally be gratified ; nature's judgment is often better than the doctor's. If the stomach will not retain food, give it by the rectum. In convalescence, return to ordinary diet as early as practicable.

In chronic diseases nutrition should be kept as near as possible to the standard of health. In doing this we shall very likely have to combat the prejudices of patients and their friends, in favor of a sparing and uniform diet, or against the most wholesome and nutritious articles of food, or in regard to imagined idiosyncrasies. "Milk and eggs will make them bilious," etc. Guard the appetite ; and to this end avoid drugs, except when clearly demanded ; and when demanded, choose their least offensive forms. Happy moral influences produce much of their effect through the improvement of appetite and digestion, and should receive a degree of attention commensurate with their importance.

IN THE PUERPERAL CONDITION AND ITS DISEASES.

Dr. Fordyce Baker, being called upon by the President, said that he would supplement Dr. Flint's paper by some remarks upon the diet proper for women after confinement. From Celsus downward, nearly all authorities have regarded the puerperal woman as either in an inflammatory condition or in a state predisposed to inflammation, and have restricted her to what may be termed an antiphlogistic diet—tea, toast and tapioca—for at least sixty hours after labor, and a bill of fare but gradually extended at the end of a week. In opposition to these views, Denman, well called the “judicious,” stands almost alone among standard writers. He placed his patient at once upon a regimen accordant with her previous habits. Some fifteen years ago, Dr. Barker had been led carefully to review this whole subject, with the result of an entire change in his theory, teaching and practice. Close, cautious, and conscientious observation, based upon an extensive clinical experience, had since fully confirmed the opinions then formed.

What does puerperal convalescence imply? and what regimen does it demand? It implies the restoration of all the organs connected with parturition to their condition prior to conception, and also the establishment of a new function, lactation. During gestation these organs have undergone great changes of tissue, of function, of position. The uterus has increased in weight from an ounce and a half to thirty-three ounces. It must be restored to its former size; and the decidua must be replaced by a new mucous membrane. Can it be supposed that all this will be more easily and completely effected by depriving the system of its wonted support? After labor, then, first the exhausted woman needs rest. This gained, as soon as she shows any desire for food, give what will best sustain her—a cup of good clear beef soup, for instance. Add solid food as rapidly as the stomach can digest, and the system assimilate it. Often on the first day after confinement the patient will take her first good reasonable meal of birds, poultry, even beef or mutton if she desire it, and with only the happiest result. Nurses will oppose you, and fail to

carry out your directions ; but if intelligent, they will soon become enthusiastic converts.

This regimen has been found to save the patients from the greater number of those annoying nervous phenomena so commonly following parturition, when the nervous system is apt to be in a condition of exalted susceptibility. Patients rest and sleep better, and their functions are established with less disturbance. To illustrate : All the authorities speak of the milk fever as a customary thing, and most students would fully expect it in a normal state. In actual practice, owing to many changes in the management of the puerperal condition, it is much less common than the books would imply ; and where, in addition, the plan above recommended has been carried out, it becomes a very rare complication. During the last three months of Dr. Baker's attendance on the lying-in wards of Bellevue Hospital, careful records had been kept of all the cases, their symptoms being noted daily, and often hourly. Attention was specially directed to this subject of the milk fever, and it occurred in less than ten per cent. of the cases, as indicated by pulse, temperature, headache, or other symptoms. Yet the wards of a public hospital offer by no means the conditions most favorable to convalescence.

During the same period had occurred from sixteen to twenty cases of puerperal fever of a severe form, the temperature rising to 102° – 104° and even higher ; pulse 130–160 per minute ; respiration 30–40. Out of this large number of aggravated cases, not a single one was lost. Hospital statistics of this disease generally show a mortality of twenty-five to fifty per cent. The treatment in this epidemic was in some respects similar to that adopted in former ones, vascular excitement being controlled by *veratrum viride*, nervous excitement by opium, etc. ; but the special change made this year, which the Dr. thought had materially contributed to the fortunate result, consisted in insuring that, immediately after confinement, the patient should have the best diet the hospital could afford—milk, eggs, oysters, beef-soup, etc. In connection with this, quinine, chlorate of potassa, and alcoholic stimulants were given much more freely than before.

Puerperal mania, again, is a disease commonly dependent on

exhaustion. The Dr. had been struck by this statement in Tyler Smith's lectures, when they first appeared, as it so fully accorded with the results of his own observation. It is the tendency at present to ascribe this affection, as well as puerperal convulsions, to uræmia. Several years' investigation of this point, in a large number of cases in hospital and consulting practice, had shown but ten per cent. of the cases associated with albuminaria. This would seem to indicate that the association, when found, is rather casual than causative. If toxæmia be one of the causes, it is not the only one; and we should look rather to exhaustion of the brain and defective nutrition.

In conclusion, Dr. Barker wished to acknowledge his indebtedness to Dr. Jacobi, many years since, for ideas that had led to a change in his management of infants; and he hoped to hear from him.

IN DISEASES OF CHILDREN.

Dr. Jacobi said that the views expressed by Dr. Flint agreed so well with his own, that they left him little to add. But he thought the paper had under-estimated the dangers of over-alimentation. There are few diseases in which the circulation is not more or less disordered; and the extensive network of capillaries in the mucous membrane of the intestinal tract pre-eminently requires to be kept free from obstruction. Any undue distention of the intestine would, by its pressure, impede circulation through this capillary system, and might so prove harmful.

The evils of inanition received marked illustration in practice among children. With them, even more than with adults, it is essential to maintain full nutrition; for in them metamorphosis of tissue is more rapid. They succumb more readily to acute diseases; and as these have generally a definite course to run, it is all-important to sustain the powers of life until the limit of the disease is reached, and the return to health may begin; else the patient may die just as you think the disease cured. If to the exhaustion of disease we add that of innutrition, relapses will be much more liable to occur. In pneumonia, for example, where the blood loses a part of its salts, and becomes more watery, if the deficient elements be not supplied, new effusions will be apt

to take place on the slightest occasion, due less to violence of inflammatory action than to poverty of the blood, and the relaxed condition of its vessels.

As an instance of the chronic starvation of special tissues spoken of in the paper, might be mentioned rachitis, a disease exhibiting defective nutrition of the osseous and muscular systems. The proportion of phosphate and carbonate of lime (chiefly phosphate) in the bones of infants, is 60 to 63 per cent. ; while in rachitic children, and particularly in cases of rachitic softening of the cranial bones, it falls as low as 50 and even 20 per cent. The lack of these elements is most probably due to excessive elimination ; we cannot stop this, and must meet it by an increased supply. Experience has shown that a diet rich in phosphates will often, without medicine, effect a marked improvement. One theory of rachitis attributes it to an excess of lactic acid in the system ; and the lactate of lime has been found in the bones. This would lead us to avoid a diet of pure cow's milk, and to mix it with the farinacea, which render it more digestible and furnish a larger proportion of phosphates. Mother's milk contains more of these than cow's milk, and, if normal, will not produce rickets.

Most of the summer complaints of children are caused by improper food, though the paralysis of the intestine, from heat, has also its effect. The gastric juice is often unduly acid ; so that if milk be taken pure, or mixed only with water, it at once forms a curd so hard as to be indigestible, and must be rejected either by vomiting or by diarrhoea. Alkaline treatment has no permanent effect. We must address ourselves to the child's diet. Never give a drop of milk pure, or simply diluted. Always combine with it some farinaceous food, such as barley-water, or farina-water, and a little salt. The curds will then be loose and digestible.

In acute gastro-intestinal catarrh it is frequently necessary to withhold food, and even water, for many hours. Where everything is rejected, alimentation becomes no alimentation. The irritated mucous membrane must be allowed absolute rest. In one severe case Dr. Jacobi had not suffered even a drop of water to be given for twenty-four hours, and the infant looked rounder at the end of that time than before.

SAINT LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives, by W. B. OUTEN, M. D., Recording Secretary.

OLIVE POINTED ELASTIC BOUGIES.

Dr. Steedman presented some olive pointed elastic bougies for inspection, and called attention to their utility in cases of enlargement of the prostate gland, and the "bridled" forms of stricture, and also in cases of "tortuous urethra," in which, on account of their peculiar shape and elasticity, they are more easy of introduction than any other form of bougie. As an evidence of their efficiency he cited a case of enlarged prostate with retention of urine, in which, after a complete failure in his attempts to introduce the metallic catheter, he succeeded in introducing an elastic olive pointed one without trouble. An important consideration in the use of the olive pointed elastic bougie is the inability, even in inexperienced hands, to produce false passages.

OBSTRUCTED LABOR.

Dr. Youngblood read a detailed account of a case of obstructed labor, with face presentation, in which delivery was effected by the use of the forceps, after the evacuation of a large amount of pus from the recto-vaginal cul-de-sac. The waters had escaped four days previous and the child was dead.

The patient made a good recovery, with the exception of a reformation of the recto-vaginal fullness, and on the eighth day subsequent to delivery about a half gallon more pus was evacuated. No explanation was given of the origin or cause of the purulent accumulation.

PNEUMONIA.

Dr. S. C. Baldwin read a very interesting paper on the pathology and treatment of this disease. We regret that the length of the paper precludes the possibility of our publishing it entire. After referring to the very prominent position occupied by the pulmonary organs in the performance of the vital functions of the

economy, both as a vivifier and in the disintegration and removal of effete matters, he very justly remarked :

“For us to thoroughly understand and appreciate the morbid anatomy and changes effected in any viscus or part when in an unnatural and diseased condition, it is necessary that we have a complete knowledge of the minute anatomy of the part when in a state of health.” The first part of the paper is then devoted to a very careful and exhaustive consideration of the minute anatomy of the lungs, after which, to “deduce therefrom, if possible, the true pathology of the disease,” he proceeds to examine into the pathological anatomy of the part—“the changes that take place and manifest themselves, when morbid action has set in.” These, for the purpose of study he divides into four periods or stages :

1st. The congestion and inflammation of the tissues immediately surrounding the air cells, commonly known as the congestive period.

2d. The transudation of the liquor sanguinis, whereby certain changes are effected, resulting in the filling of the air cells with certain materials or products, collectively termed the exudation matter.

3d. Complete consolidation of the lung.

4th. Softening of the exudation matter, whereby either resolution is effected, or suppuration is established.

Each minute air cell or vesicle is surrounded with two plexuses of vessels. During the period of congestion or engorgement, the morbid action is first set up in the functional plexus ; and if the sytemic plexus becomes involved, it becomes so secondarily. The congestion is of an active character, the same as occurs in other parts of the body, and is for the time being totally distinct from visceral inflammation. Very nearly the same processes occur as are observed in the frog’s foot upon the application of an irritant. There is increased rapidity of the circulation ; the vessels become engorged and enlarged ; with this the current of the blood becomes slower, until finally there is complete *stasis*, with distention of the vessels, and exudation of the liquor sanguinis through their walls into the air cells ; and on account of occasional rup-

ture of the walls, more or less extravasation of blood corpuscles, thus forming the second stage, usually denominated the stage of *red hepatization*, in which is manifested the results of the inflammatory condition of the parts.

The cause of this condition of congestion and subsequent inflammation, he attributes to a vital action, not only in the blood but also in the tissues, the ultimate molecules of which possess the power of attracting and selecting from the blood the materials necessary for their immediate nourishment, and for the purposes of the economy. Through some agency, call it what we may, the attractive power of the molecules is augmented, and their selective power diminished. This condition of congestion favors exudation, and this is what we now find taking place into the cells and vesicles and into the intra-lobular spaces. This exudation when it first enters the cells is a viscid fluid, and the cells still retaining their permeability, the air is brought in direct contact with the effused fluid, in consequence of which it is broken up into minute bubbles, thereby transmitting to the ear of the auscultator the usual characteristic "crepitant rales," while at the same time percussion furnishes quite marked but not complete dullness, which gradually increases as solidification takes place, and the third stage of the disease is developed.

The exudation matter has now become solidified, and the cells are no longer permeable to air. But how is this impermeability established? The air passing in and out of the cell, while still permeable and being filled, evaporation takes place, and the exuded matter is thus dried, until in each particular cell, a sort of plug is formed; and the lung being thus completely solidified, is no longer permeable to air, but having become a solid body, readily conveys to the ear, the characteristic sounds of bronchial breathing and bronchophony, and percussion elicits complete dullness.

We will now enquire into the nature and constitution of the consolidating material. As a rule, purulent matter is formed when the liquor sanguinis is exuded or effused upon a mucous membrane, and fibrinous when upon a serous surface. In the lung there is a mixture of the two.

The liquor sanguinis having passed through the delicate cell wall as an exudation, a transforming process (call it a proliferating process if you will) takes place in its elements, resulting in the formation of the products that mostly tend to the completion of the consolidation. The first product that we notice is a material resembling pus corpuscles, but containing no nucleus, and a smaller quantity of granular matter. It has been considered peculiar to pneumonia, and the name of pneumonic globule assigned to it.

Another product is a large quantity of granular matter, which is nothing more or less than the fibrin of the blood, which, instead of becoming fibrillated and tending to the formation of false membranes, is in this case broken up into these minute granules, which present a peculiar grayish color, are almost transparent, and form no small part of the consolidation.

There is still another product to be observed. It consists of a large cell, which is clearly defined, and presents a flattened appearance. It is also devoid of any nucleus, is to a great extent filled with granular matter, and is three times the size of the pus-corpuscle. For want of a better name it has been called the exudation globule. Water and dilute acetic have no effect on it; strong acid renders its walls more transparent; it is soluble in ether; and is broken down into a molecular mass by the addition of ammonia. These corpuscles are quite numerous. Toward the latter part of the disease some oily matter may be detected in them, and at times they assume a brownish appearance, owing to their being almost completely filled with oily matter.

We thus have three products formed during the development of the exudation; but this is not all that is to be observed. The air cells, nevertheless the fact has been denied by some observers, are lined by epithelium of the squamous variety. By the mechanical action of the exudation these epithelial scales are detached and become mingled with the cell contents.

Another element of the exudation matter that requires mere mentioning, is the blood globules, which are met with not only in the material filling the cells, but also in the characteristic sputa. They undoubtedly find their way into the cells through ruptures

in the vessels and cell walls, and to their presence is due the peculiar color of this, the stage of red hepatization, and they perform no small part in the process of transition from this to the stage of *grey hepatization*.

There are thus five kinds of material which conjointly conduce to the consolidation of the lung; three of which—the pneumonic globule, the granular matter, and the exudation corpuscle—are due to the transformations in the exudation from the blood, while the remaining two—the cast off epithelium and the blood globules themselves—may be termed accidental products, one of which, however, as we have seen, gives the characteristic red color to the inflamed lung, which is due to the amount of hæmatin contained in the exudation, which retains its characteristic color as long as the lung remains permeable to the oxygen of the air, but changes color as soon as solidification and impermeability are complete.

Dr. Watson, in his work on practice, states that when the lung enters into the stage of grey hepatization it becomes filled with pus; he therefore designates it the stage of purulent infiltration, and says that when it is established there is not much, if any, hope of recovery of the patient.

Dr. Baldwin claims, that after consolidation has occurred, resolution does not take place until the lung has assumed this appearance, and that the change in color is owing to the deoxydation of the hæmatin, and its transformation into hæmatoidin—a condition incident to the absence of oxygen, the result of the impermeability of the solidified lung—and favored by the increase of temperature, (which may be from 100° to 104°, or even 106° in this disease), and a certain amount of moisture.

The fact that the transition from the red to the gray color is a necessary step to resolution, when the disease has passed beyond the congestive stage, he considers one of very great importance to a correct understanding of the pathology and history of the disease.

Bennett ascribes the change from red to gray hepatization to a predominance in the latter, of the degenerating elements of the preceding stage. Instead of pus being formed, as in an ordinary abscess, the degenerating granular elements are infiltrated into the pulmonary tissue.

Degenerating granular elements may be, and probably are, infiltrated among the tissues; but this infiltration takes place during the pouring out of the exudation matter in the second stage of the disease, at the same time that the air cells are filled. There is, then, no preponderance of morbid elements in the third stage; they remain the same as during the second stage, with the exception of the change of color as already explained. The stage of gray hepatization does not therefore indicate increased gravity of the disease—no new materials are formed, nor do those already formed undergo any unfavorable change.

There remains now to be considered what has been designated as the fourth stage, or that in which the lung either undergoes resolution or passes into a state of suppuration.

In order that a hepatized lung shall again become permeable to air, and return to its normal levity and porosity, the solidified exudation matter must degenerate and liquify before it can be removed. Statistics, based upon the examination of eighteen fatal cases of pneumonia, show the difference in weight between a normal healthy lung and one in the hepatized condition to average about two pounds. Now, it is evident that but a comparatively small portion of this morbid material is ordinarily removed by expectoration, and that the main portion of it is removed by absorption. What then are the changes which take place previous to its removal?

Bennett and many other writers of unquestionable authority advance the opinion that the morbid material is at first transformed into pus cells, and that these in turn take on the fatty degeneration, and become so broken down that they are capable of being absorbed, and thus removed from the system, by the various emunctories, and especially by the kidneys, in the form of urates. Dr. B. does not deny that suppuration is liable to supervene in the lungs as in other parenchymatous organs as a result of inflammation, but denies the necessity of the exudation matter becoming converted into pus before resolution can take place, and claims that fatty degeneration, which is the means whereby the material is prepared to be taken up by the absorbents, can and does take place without the intervention of pus

formation, in the same manner that the anatomical elements of the system, which have fully served their purpose, and are no longer needed, take on a fatty degeneration, break down and liquify and are thus removed from the economy. It is well known that what has very often been termed fatty transformation of tissue, is in fact a fatty metamorphosis of the constituents of the blood which have been exuded or extravasated, and it is just such a process as this that takes place in the lungs when about to undergo resolution; and it has been shown by Reinhardt that all cell formations, under certain circumstances undergo the fatty degeneration. This process seems peculiarly prone to manifest itself in the lungs, and in this manner inflammatory products may, and in this disease undoubtedly do, soften down and become absorbed without the intervention of the formation of pus. This is the natural tendency of the disease.

But it is not to be denied that pus is sometimes produced in the lungs in the course of this disease; it does, undoubtedly, sometimes occur, but it is when the tendency is to a fatal termination. Certain conditions of the system have long been recognized as diatheses, dyscrasiæ, or cachexiæ, and if, from the extent of the disease, under such circumstances, the conservative or restorative power of the system is at once arrested or overpowered, the lung passes into a state of suppuration, the parts become softened, and pus is produced as the result of an abnormal proliferation of the elements of the tissues—a process precisely the reverse of what was formerly supposed to be the case, when a solvent power was ascribed to pus—for a knowledge of which we are indebted to the eminent pathologist Virchow.

As a result of this degeneration, the drain upon the system incident to the breaking down of the tissues, and the inability to excrete the effete material from the blood, the inflammation assumes an asthenic form, and the patient succumbs.

The removal of the exudation being dependant on vital processes, and the tendency of the disease being to recovery, Dr. B. lays down as a rational plan of treatment, that we should sustain the strength of the patient and thus aid nature in her conservative work. The treatment must be sustaining from the com-

mencement; beef essence and other forms of nourishment should not be delayed, and stimulants should be resorted to according to the condition of the patient; and then used according to the effect produced, and not according to quantity. At the same he would recommend that the chest should be completely enveloped in flannel and this covered with oiled silk or rubber cloth, the object of which is to keep up a free and full diaphoresis, this being aided, if necessary, by the employment of one or more of the mild diaphoretics. This he said had been the treatment he had made use of, both in army and civil practice, and with the most satisfactory results.

The lateness of the hour precluded any lengthy discussion of the paper.

Dr. Hammer said that while he was pleased with the general character of the paper, he was compelled to take issue with the writer, as to his *interpretaton* of certain pathological facts or conditions both in the initiatory or formative stage, and during the progress of the disease. We regret that want of space prevents our giving even a synopsis of Dr. Hammer's remarks.

HOSPITAL REPORTS.

By Dr. W. H. Wood, Assistant Physician St. Louis City Hospital.

Michael Kennedy, a native of Ireland, aged 29 years, was admitted into hospital with a stricture of the urethra and a urinary fistula about two inches in front of the anus, and incontinence of urine, which passed continually both by the fistula and the urethra. The stricture was the result of gonorrhœa, contracted some three years before. Immediately upon admission he was placed under the influence of chloroform, and an effort made to pass a bougie through the stricture, which was found to be impossible. On the following day the scrotum was found to be immensely infiltrated with urine. The patient was again chloroformed, and the scrotum freely incised to relieve the infiltration. An incision was then made by Dr. Hodgen through the perineum into the membranous portion of the urethra, with the view to

allow the urine to escape from the bladder, and if possible to dilate the stricture from behind. Owing to the difficulty of making the incision into the urethra without the aid of a staff, the patient was necessarily kept under the influence of chloroform for over an hour, when it was considered advisable to discontinue any further procedure in the case until the following day, when the patient was again put under the influence of chloroform, and Dr. Clark completed the operation by introducing the little finger through the incision into the membranous portion of the urethra up to the bulb—the seat of the stricture—and then passing a small wire into the urethra through the meatus, which met no resistance for the first three inches, when another stricture was discovered, through which it seemed impossible to pass even the small wire; but finally, after much careful manipulation, and by the aid of the little finger in the urethra behind, he at last succeeded in passing the wire through both strictures and out at the incision in the perineum; then by means of a conical cord, whose diameter at the larger end was about equal to a No. 8 bougie, attached to the end of the wire and drawn forward through the urethra, the stricture was so distended that a small sized gum catheter was readily passed into the bladder, and was allowed to remain there to prevent the urine escaping through the wound. The catheter was withdrawn and a larger one introduced every third day for six weeks, when the wound had entirely healed, and the urine passed *per vias naturales*.

The patient was discharged entirely cured, with no evidence of stricture remaining.

Esther Welch, a native of Ireland, aged 55 years, was admitted into hospital October 12th, 1867, with a multilocular tumor of left breast, measuring about five inches in diameter, perfectly smooth upon the surface, with no nodulations except a small nipple-like projection just above the nipple. She stated that five months before, she first observed what seemed to be a small encysted tumor, about the size of a hazel nut, appearing just above the nipple. This little tumor soon began to grow rapidly, and as it enlarged became more painful, and as she described it,

with sharp and lancinating pain at times, but with intervals of comparative ease.

Upon her admission, the tumor was explored with a trocar and canula, which, after penetrating an inch and a half beneath the surface, entered a large cyst, from which nearly a pint of amber-colored fluid was evacuated, but without collapse of the walls of the cyst or diminishing the size of the tumor. For several consecutive days the trocar was thrust into the tumor—sometimes at the point where it was first tapped, and again at other points, entering new cysts—but in every instance more or less fluid was evacuated. During this time the patient's general health was good, except an unusual degree of despondency and anxiety concerning her condition.

November 26th.—The patient was placed under the influence of chloroform and the entire mammary gland removed by Dr. Hodgen. She reacted promptly after the operation, and soon became quite cheerful, and the wound cicatrized as rapidly as though there had been nothing malignant in the nature of the tumor.

Upon examination of the tumor after amputation, it was found to be a cysto-sarcoma, which together with the rapidity with which the wound healed, indicated that the tumor might not return, and on the 11th January, 1868, the patient was discharged in good health, with the wound entirely healed.

On February 27th, the patient returned to the hospital, and upon examination there was found two small fatty looking tumors springing up from the old cicatrix—one about the size of a pullet's egg, the other somewhat smaller. These growths were removed by Dr. Clark, who found them dipping deep into the substance of the pectoral muscle. In less than a week new growths had sprung up at the same points quite as large as the first, which were likewise removed, and at this date, 18th March, they are making their appearance again, but not so rapidly as before. The patient's general health is as good as could be expected. The prognosis in this case is evidently unfavorable.

ORIGINAL LECTURES.

EIGHTH LECTURE ON PATHOLOGICAL ANATOMY.

Delivered on the 4th day of October, 1867, to the Medical Profession of Saint Louis, by A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

GENTLEMEN : The next and last tissue which we will consider in connection with Histology, is the nervous. This is one of the so-called higher tissues, and one of the most important in the system. It consists of three distinct elements:—1st, certain cellular organs; 2d, a number of fibres or tubes; and 3d, a stroma, always fibrous in character, but differently arranged according to the part in which it is found, or to the character of the nerve in which it exists. It has received several different names, perineurium, fibrous tissue, neuroglia, and also that of Remack's fibres, when occurring in the sympathetic ganglia.

The nerve tubes differ much in size, some being only 2-1000 of a line in diameter, others being as large as 1-100 of a line. They are hollow and filled by a certain substance hereafter to be described. They are either darkly marked or perfectly pale. If examined under the microscope, they present a homogeneous water-like appearance, like milk-glass, not entirely transparent. We cannot, however, except by the use of certain chemicals, make out the elements composing these tubes. The agents used for this purpose are chromic acid, potassa chlorat., ether, alcohol, and others, all of which have been lately superseded by the use of collodion, which produces such changes as to show at once the intimate structure of the tubes. What do we then observe? 1st. A longitudinal tubular sac, a homogeneous membrane having the reaction of elastic tissue. Through the centre of this tube, like the wick through a candle, runs a thread-like substance called

the cylinder axis. The space between this substance and the membrane is filled with a certain fatty substance, the nature of which is not well known, called the marrow of the nerve. Those nerve tubes which show dark lines indicating the primitive sheath, contain marrow. Those which do not present this appearance, usually do not contain it. Thus we have two kinds of nerve tubes,—those which contain this fatty substance and those which do not. The axis cylinder is, however, always present. As to the external appearance of these tubes, we find those belonging to the cerebro-spinal system presenting a white tendinous appearance, while those of the sympathetic or vegetative system are of a dirty gray color, not reflecting light to any degree.

With regard to the relative importance of the three elements composing nerve tubes, we are bound to conclude that the axis cylinder is the essential constituent, as this is, as we shall hereafter show, the part which performs the nerve functions, the others being merely accessory isolating media, nerves destitute of marrow having been found to be as active in function as those possessing it.

We have said that the primitive sheath is a uniform, elastic membrane, the marrow substance being fatty and the cylinder axis albuminous. Whether this consists of pure albumen or only a derivative of that element, we are not able to state. It resembles closely the syntonin, the albumen of muscles.

Let us now consider the cellular elements, the nerve cells contained in the brain, spinal marrow, posterior branches of the spinal nerves, &c. The ganglia of the sympathetic system are almost completely made up of these cells. They are very large, larger in the cerebro-spinal than in the sympathetic system, varying from 1-100 to 3-100 of a line in diameter. They are generally spherical or oblong, showing an inclination to project at one point. The nuclei are clear, very well marked, with one or two shining nucleoli. The cells are granular in appearance, from numerous dots suspended in the cell contents. The contents are tough, semi-solid and albuminous in composition. Those cells presenting no processes are called apolar. These cell membranes are elastic, tender and thin, not very resisting to chemical agents,

the nuclei being more so. In some localities it is doubtful whether these cells possess a membrane proper, or whether what appears to be such is only the condensed cell contents. In the cells of the brain this is sometimes the case. We are even not certain as to whether these cells really exist as such, as we cannot, by their forms, explain their physiological function, and it is supposed by some that they are really polar cells, whose processes have been broken off in preparation. It is in man extremely difficult to show these processes, though in animals it is easier.

We observe other nerve cells with from one to twenty processes, called according to the number of these unipolar, bipolar, tripolar or multipolar. These processes, however, are not really poles, but tubular processes, and must be interpreted as real nerve tubes. Sometimes these tubes divide in such a manner as to resemble the stellate cells, or the connective tissue corpuscles.

It has been observed that some of these processes enter into nerve tubes, being transformed into them. By this we know that the nerve tubes are connected with the cellular elements in the ganglia. Some of these processes are not much prolonged, but meet with others from neighboring cells, constituting tubular commisures. This is an important fact, for it explains how an impression from the periphery to the center may be communicated from one cell to another.

We cannot tell all that is known in regard to these nerve cells, and much that is known is deficient and leaves doubt in regard to many phenomena. We cannot, at this time, enter into speculation, but can only give the more important facts which are definitely known.

We will now return to the nerve tubes and inquire in what manner they are connected with the organs which they supply. We know that nerve tubes at the centre are connected with cellular elements, the periphery being thus connected with the center, but how do they terminate at the periphery? In the first place, we take a nerve of a certain size, made up of several large bundles, these being again made up of smaller bundles. These small bundles contain a number of isolated nerve tubes, each one extending the whole length of the nerve and not communicating

with any other. The nerve is surrounded by a resisting fibrous membrane called the neurilemma. Each bundle is also wrapped in dense fibrous tissue, and each small bundle is also wrapped in a fibrous membrane, but much thinner and finer than the other. Each separate tube is further surrounded by an entirely delicate fibrous membrane. In the nerve centres of the brain and spinal cord we find fibrous tissue of the most delicate nature, in which the nerve structures are imbedded and supported. This stroma is of only recent discovery, and has been called by Virchow the neuroglia.

In the ganglia of the sympathetic system we find a peculiar fine fibrous tissue, called Remack's fibres. These look like broad ribbons, of almost uniform structure, but slightly fibrillated, showing at intervals nuclei with nucleoli. It is even now in doubt as to whether these are nervous elements or simply fibrous tissue. In the sympathetic ganglia these make up a very large part of the nervous structure, the nerve cells and tubes being imbedded in them.

Now in regard to the terminations of these nerves we know that there is a marked difference in their functions, some being sensory and others motor. The motor nerves have only one mode of termination. After the tube has run a certain distance, it splits into two branches; these again sub-divide, the original tubes thus becoming smaller. Each primitive tube, however, still shows two distinct parts, the sheath and axis, the marrow being now absent. After such a filament has reached the organ to which it is distributed, we observe the axis cylinder protruding a little beyond the sheath and entering into firm union with the tissue of the organ, thus presenting a free termination. It was formerly supposed that when these tubes reached their final distribution, they formed loops and returned upon themselves. But this theory cannot now explain the phenomena of nerve action. This free termination of motor nerves was first observed and described by Wagner, and it at once exploded the doctrine of loop termination to which we have above referred.

With regard to the sensory nerves, their terminations vary. In some localities they seem to have similar endings to the motor

nerves. In others they differ greatly. There are peculiar sensitive organs attached to the ends of these nerve tubes. Up to this time we are acquainted with three of these, not including the termination of nerves in the retina. The latest mode discovered is that described by Krause, in terminal globes, swellings or bulbs. He found the form of these bulbs to differ in animals from those in man. In animals they are of a rather lobular shape, attached to the end of the fibre, the axis cylinder passing into the center of the body, while the sheath becomes continuous with its circumference. There is sometimes a slight swelling observed upon the end of the axis cylinder. The bulb is laminated in concentric layers, leaving a small space in the centre, which is filled with a different substance and in which the axis terminates. In man this difference is observed, that the bulb is rounder, having the same concentric laminæ, but the axis cylinder terminates in loops which wind around each other in a manner resembling the capillaries in the Malpighian corpuscles of the kidneys, no termination being observable. This termination of sensory nerves is principally found in the conjunctiva, glans penis, clitoris, &c.

The longest known mode of termination of these nerves is that of the Pacinian bodies, which have been closely studied by Henle and Kolliker, though mentioned 150 years before by Vater, a German anatomist. They present a very peculiar appearance, being longer than the bulbs above mentioned, being really macroscopic. They are chiefly observed on the third phalanx of the fingers, on the sole of the foot, &c. They are sometimes a line in diameter, though usually smaller, being oblong like a leaf, the axis cylinder running into its centre and terminating in a bulb or bifurcating like the prongs of a fork,—the whole body around being filled by concentric laminæ of a fibrous nature.

The third termination of sensory nerves is, by means of the bodies of Wagner and Meissner, called the tactile bodies. They are found, as has been before remarked, in the papillæ of the skin. These papillæ are composed of original fibrous tissue, arranged in a conical form, showing in its substance nuclei. The intervals between the bodies are filled by the rete-mucosum. Some of these papillæ contain only vascular loops; others, having no

vessels, receive the terminations of the sensitive nerves, the axis cylinder entering into them. These bodies present a twisted striated appearance, and it is very difficult to make out in them the termination of the axis cylinders. It is supposed, however, that they terminate in a manner similar to that described by Krause, in the conjunctiva, the terminal bulbs being contained near the top of the papillæ.

With regard to the termination of nerves in the retina we know that the terminal filaments of the opticus connect with nerve-cells in the ganglionic layer of the retina (from one to six with one cell). Each cell again is connected by a tube with one of Muller's fibres on a spot showing a cell-like nodosity. Muller's fibres perpendicularly pervade the entire thickness of the retina, and they are at the periphery connected with the layer of rods and cones. Thus we can conceive how impressions made upon the rods will be carried to the brain.

We may here make some remarks in regard to the structure of the ganglia of the sympathetic system. The nerve fibres pass through the stroma of Remack's fibres, in which the cells are imbedded, in various manners,—some simply passing through it, some passing in only on one side. Some cells have no processes, others only one, and others show a multitude of these. Some of the fibres do not seem to have any connection with the cells, but only surround them in every direction. The last arrangement is not well understood, as the unipolar and apolar cells do not seem to be of any physiological value.

In regard to the chemical composition of nerve matter we know but little, either of the cells or the tubes. The axis cylinders are albuminous, as also are the contents of the ganglionic cells. We also know that 75 or 80 per cent of nervous matter is water. Fat is contained in the marrow of nerves and also in the cell contents. We do not know the form under which these fats appear. There are also certain mineral substances which are found in nervous matter, particularly phosphate of magnesia and potassa. This reminds us of the composition of muscular tissue, of which we have previously spoken.

With regard to the development of nervous tissue we know

that the cells are only transformations of the original embryonic cells. They are enlarged, and the peculiar nerve contents are infiltrated through their walls. They form the processes which constitute the poles. It is not difficult to understand this process, as it is simply one of development, though several theories have been advanced in explanation of it. The most popular one is, that the tubes are formed by the superposition of embryonic cells, which become spindle-shaped and arrange themselves in rows, being connected at the ends. The septa between the ends of the cells then become absorbed, and a continuous cavity is thus formed. The cell walls then form the primitive sheath, and the other nervous constituents are afterwards infiltrated into it, the nuclei disappearing. Another theory is, that the tubes are formed by single cells, which become elongated, growing ad infinitum, so as to form tubes, the cylinder axis then being formed either by differentiation or infiltration. Yet another opinion is, that all the tubes are formed by the cells, by a process similar to that described in the development of muscular fibre.

It is difficult to understand the manner in which these tubes subdivide. We know how the sheath may form processes, but we observe that the axis cylinder also sometimes subdivides. This is accomplished in the following manner. In the neighborhood of such a tube is a cellular element, resembling a connective tissue corpuscle, with several processes. The nerve filament unites with one of these processes, the others then become elongated and are changed into tubes; and thus, instead of one tube, two or more are formed continuous with each other.

We here conclude the consideration of the nervous tissue, believing that all has been said that is absolutely necessary to the proper understanding of its pathology, and we will commence our next lecture with the study of the pathological condition of the tissues.

INTERNATIONAL MEDICAL CONGRESS.

[From the Chicago Medical Journal.]

THE INFLUENCE OF CLIMATES, OF RACES, AND OF DIFFERENT CONDITIONS OF LIFE UPON MENSTRUATION IN DIFFERENT COUNTRIES.

(Continued from page 310, Vol. I.)

M. Louis Mayer (of Berlin) presented 59 tables of statistical researches upon menstruation in Germany, northern and central. This memoir was too large to be read, too rich in facts, considered under aspects the most variable, to be susceptible of analysis, and was disposed of very honorably among the archives of the Congress.

Also, we will not speak of the tables that M. Lendet, of Rouen, furnished upon the subject of menstruation in the City of Rouen—tables that must be read entire, as precious documents, but which do not suffice for conclusions read separately.

We limit ourselves in signaling the opinions given by M. Lendet upon the fecundity of women in Normandy.

After putting aside the working classes—very fecund—M. Lendet saw no great difference in regard to fecundity, between the rich classes and the paupers, between the same classes inhabiting cities or country, with each the number of infants is very meagre in this province.

M. Gustave Lagneau presented 15,948 observations collected from nearly all countries, which we omit.

M. Jaulin (Paris) in his turn read a paper, from which we give a *resume*.

The solution of the diverse questions which make the subject of this memoir cannot be resolved but by statistics. These statistics embrace a large number of facts; among these, we have:

1st. Influence of climate upon menstruation. In grouping a great number of practical statistics upon the epoch of the first menstruation, I reunited in total 16,517 observations. The ensemble of these documents, relative to people very different, has permitted me to divide into three zones the countries comprised in this study. The first zone—temperate—is circumscribed between the 33d and 54th deg. of latitude north. The second—torrid—is comprised between the 33d deg. and the Equator. The third extends from the 54th deg. towards the Pole.

Temperate zone. The tables of this zone are constituted by 16 statistics, including 10,080 parts. The highest of the total of ages is 1,824, and corresponds with the fifteenth year. The fourteenth, gives 1,114, and the sixteenth, which approaches most nearly, 1,562. It is then towards the fifteenth year, in our estimates, that menstruation appears more frequently.

Torrid zone. The tables pertaining to this zone comprehend 1,734 observations; the highest figures, 407, correspond to the twelfth year, notwithstanding that of the thirteenth year (381) approaches it very nearly. There exists, then, a difference of more than two years between the establishment of puberty in our climate and the torrid zone; it is an error to consider precocity of marriage in India as a cause of early menstruation, for marriage is not consummated until puberty is established.

Frigid zone. These observations embrace 4,713 facts. The highest figures correspond to the fifteenth and sixteenth years, 872 and 874, nearly equal. It is nearly a year later than in the temperate zones.

The results furnished by the examination of the three zones that I have traced leaves no doubt then regarding the action of climates upon the time of puberty.

Influence of race upon menstruation. These influences may be demonstrated by comparing pure types of the principal races. As for the negroes, we only possess the statistics of Robertson, comprising 89 facts. The mean age is fourteen years and ten months—a little higher figure than in the climate of India.

ON THE ACCIDENTS WHICH CAUSE DEATH AFTER SURGICAL OPERATIONS.

Extracts from M. Bourgade (of Clermont-Ferrand). Three important facts dominate all the history of accidents which lead to death after surgical operations.

1st. We do not generally observe the accidents in the country, while they are frequent in cities, and above all in the hospitals and ambulances.

2d. We but rarely see them follow the use of caustics. Very frequently, on the contrary, after the use of cutting instruments.

3d. Once developed, they are nearly always mortal.

Prophylaxis. This rests principally upon recognizing the causes. The causes we must search for. Now the etiology of these grave complications has been elucidated by what has been said above.

1st. By the innocuousness nearly absolute in the operations practiced in the country. 2d. The habitual freedom from complications following the use of caustics, even in places the most unfavorable, as in hospitals. 3d. The frequency of grave accidents following the use of the bistoury.

There is, then, wherever there are many patients in close proximity, some cause which exercises a pernicious influence upon the cure of wounds.

This cause must be found in the production of a miasm or ferment, which is developed in these conditions, and which exercises its deleterious influence, not only upon the organism, but principally upon the wound itself. If this action is not essentially local, why are those operated upon by caustic exempt from these complications, and why do they supervene nearly exclusively after the employment of cutting instruments, which leaves a denuded surface, exposed to all the exterior agents?

There is, then, a deleterious local action; it is necessary "par consequent" to strive to subtract it from the wound.

It is because of these dangers that surgeons have wished to limit the use of cutting instruments, substituting for these caustics, or other means of dividing tissues.

But, after all, the bistoury will always be the surgical instrument "par excellence."

It is necessary, then, to continue its use, but we must endeavor to weaken the deleterious action of morbid agents upon the wounds which it produces.

This problem I will solve, and render wounds made by cutting instruments as inoffensive as those made by caustics.

I believe that I have resolved it by the employment of perchloride of iron applied to the wound immediately after the operation. Here is a description of the proceeding employed by me: When I have terminated the operation and applied the ligatures, I lave and wipe the wound with the greatest care, and when the flow of blood is well arrested, I cover the entire surface of the wound with pledgets of charpie, soaked in a solution of perchloride of iron of 30° purity. It is necessary that all parts of the wound, even the most anfractuouse, as the bone, the muscles, the vessels, and cellular tissue, should be subjected to the action of the liquor chlori-ferrique. The whole is re-covered by a mass of moistened charpie.

The perchloride of iron combines then intimately with the tissues, and thus forms a covering which is solid and adherent over the wound, a species of plastic cuirasse, which, at the same time, coagulates and forms an eschar—for, at 30°, the solution

of Pruvez is moderately caustic—which acquires hardness and offers resistance, and which does not commence to detach itself under the influence of suppuration before the sixth or eighth day, and sometimes not before the tenth.

There is then, in the first dressing, something which seems to possess, at the same time, the power of occlusion and of cauterization, and unites their advantages.

I never make traction upon the charpie which is adherent to the wound; I leave it to detach itself under the influence of suppuration, aided sometimes by lavement. In falling, it discloses a dusky surface, covered with a thin escharotic bed, which detaches itself in its turn, gradually, and brings to view a surface, rose-colored and healthy, of a beautiful aspect, and already covered with fleshy germs in the way of organization.

The dressings are then made with aromatic wine. The wound furnishes pus of a healthy nature and not abundant, which marches gradually, and without impediment, towards cure.

Sometimes it is possible, after the fall of the escharotic bed, to bring the soft parts together and obtain rapid secondary reunion.

During the treatment, and from the commencement, the patients remain in good condition; they suffer little and have but little traumatic fever, and it does not prevent appetite or sleep.

A somewhat sharp pain follows the application of the perchloride of iron, but at the end of a few minutes, it diminishes notably, and becomes quite supportable. It is never prolonged beyond a few hours, and confounds itself with the ordinary pains of the operation. It, therefore, does not constitute a contra-indication.

One will comprehend that this method is not applicable to immediate reunion of wounds, notwithstanding it allies itself very well with attempts at partial reunion, the best results that one could hope to obtain in hospital practice. In the last endeavor, this method seems to secure success. Since five years, I have employed this method in a general manner at the Hotel Dieu, of Clermont, in all operations that seemed important enough to lead to grave complications. I have employed it in 95 operations, which have all succeeded. The accidents which I have endeavored to prevent by this method are, more especially, purulent infection, phlebitis, angeio-leucitis, osteo-myelitis, and consecutive hemorrhage.

The perchloride of iron appears to me to act in these cases as a light cautery to the bleeding surfaces, and exercises a strong coagulating action as far as the interior of the veins. These

results are obliterating adhesive phlebitis, which prevents suppurative phlebitis, and opposes the absorption of all morbid matter, all elements dissociated from pus, etc., etc.

M. Barbosa (Portugal) presented a statistical record of the operations practiced in St. Joseph Hospital, of Lisbon. He says the greatest mortality corresponds with spring-time, next winter, then summer, last autumn. Among the causes of death, he places first purulent infection, 44 per cent. Afterwards, come erysipelas, 18.6 per cent., drunkenness, exhaustion, etc. In 13 resections, there was but 1 death; 28 lithotomy, 10 deaths; 34 hernia strangulated, 30 deaths; 19 ligatures of arteries, 4 deaths; 19 amputations of the penis, 3 deaths; 407 extirpations of tumors, (diverse,) 16 deaths, etc. He plumed himself on the results, and attributed this good fortune to hygienic conditions, such as good ventilation, frequent washing, and besides to the method of operating and mode of dressing the wounds. He employs in preference the circular method, and saws the bone as high as possible. He removes all the clots, and makes methodical compression to the stump, commencing at the upper end of the stump, and from thence towards the wound. A stream of water is directed upon the wound, the angle of the latter being placed below, in order to facilitate the discharge of fluid. The dressings are completed by the aid of tr. camph. and alcohol in excess—an ancient practice in Portugal. The patients are made to drink port wine, and are carried into the garden daily.

E. Gosslin made some remarks in support of the importance of good hygienic and sanitary regulations in the treatment of surgical operations.

M. Gosslin here presented an immense number of statistics of causes of death in his hospital—the *Pitie*—the burden of which are erysipelas, purulent infections, etc., all of which will appear in detail in the transactions. His method of treatment is as follows:

1st. "I put my patients for operation in the largest halls, where I do not allow erysipelatous patients to remain.

2d. "Always when there is no urgency, I leave the patient time to consider the operation, and to become accustomed to the idea by designating the day, and I seek to dissipate his inquietude respecting the results.

"During, I take care to suppress pain altogether by complete anæsthesia, and take much pains in tying up the arteries.

"After, I endeavor in the first dressing to avoid giving pain, by not placing around the stump any circular bandage that would necessitate lifting it. I do not try to approach the borders

of the wound, which I cover with a compress, wet with water, cold or warm, according to the season. I do not add alcohol, which would increase the pain. I give them as much aliment as possible, and to their taste—wine, and sometimes brandy or rum. I avoid, as much as possible, everything that would give pain, bodily or mental.”

Here are some results:—“I have made 19 amputations of the thigh, 22 of the leg, 4 of the arm, 3 of the fore-arm—in all 48; of which, 29 were cured, and 19 died, which gives a mortality of 39 per 100. Of the 19 deaths, 10 alone were caused by purulent infection. I had, besides, 9 others affected with purulent infection who had not been operated upon.”

These figures would not make a very good show with us in the United States, but M. Gosselin prides himself upon these results, and attributes them to the great care bestowed upon the general condition of the patient before and after operating.

If the general state of the patient is so important in varying success, his habitual state should not be neglected in making the prognosis.

M. Verneuil insisted upon this part of the question. He pointed out the influence of a latent diathesis, which may not manifest itself by any symptom, but may be revealed at any instant by an exciting cause. He continued:

It is known that lithotomy and lithotripsy are grave when the kidneys or bladder are the seats of morbid changes. That tracheotomy is much more benign when practiced for the extraction of foreign bodies than in the diphtheritic condition. That the amputation of a leg is very serious, when covered with varices, superficial or profound. That the prognosis of the amputation of the breast is much more serious for cancer than for adenoid tumor. We commence to know that the most trifling operation may cause death with a person having the diabetes. M. Chevers has taught that latent affections of the kidneys often explain the death of the patient, after operations the most diverse, and of little gravity. But how much of the unknown remains to be explored, and how many contradictions still exist; as the influence of drunkenness, of miasm, of acclimation in the halls of hospitals before the operation, of the period of menstruation, lactation, gestation, etc., upon the results of an operation or traumatic injury. I believe that erysipelas is most frequent in arthritic and herpetic diatheses. I do not believe, as is generally supposed, that amputations and resections are more dangerous in healthy subjects than with those debilitated with chronic lesions. I propose to devote the better part of my scientific activity and my

practical experience, to prove that the general state, ancient or recent, diathetic, hereditary or acquired, dominates over the prognosis and results of surgical operations, and constitutes the richest source of indications and contra-indications for operations."

M. Labat seemed to attach less importance to the general state of the constitution and diathesis. All his attention seemed to be directed to the wound itself, the method of operating, and the dressings. He regards the blood, and, perhaps, other liquids that the tissues may have imbibed before the operation, as foreign substances, which can never serve in the reparation, but, on the other hand, corrupt by contact with air, and thus become a source of danger. His method is, then, to remove these, as much as possible, from the surface of the wound, while he takes care to conserve the plastic exudation provoked by the operation, and which furnishes a formative blastema for the elements of the new tissues.

We see that M. le docteur Labat has adopted the views of Robin upon the formation of tissues from a pre-existing blastema. Here are the practical conclusions that he formalized before the Congress:

1st. Do not seek union "by first intention," except when the wound is shallow and the textures of the tissues uniform, when the opposed surfaces can be kept in contact deeply as well as superficially, when the tissues have not been too profoundly contused.

2d. In operations, dispose the flaps in such a manner that the flow of liquids can take place with facility, and that they rest easily, one upon the other.

3d. Avoid, with care, all conditions that can lead to the alteration of products, or the retention of the altered products in the vicinage of the open mouths of veins.

4th. Favor the flow of liquids, by establishing drains.

5th. Never neglect a counter opening, when necessary, from the first.

6th. Avoid everything of an irritating nature, particularly in regions abounding with lymphatics.

7th. In wounds which are lacerated or contused and not united, prevent the retention of liquids at the bottom of the anfractuositities, by filling these cavities with lint.

8th. Leave the member as immovable as possible, and avoid painful dressings.

9th. Abstain, absolutely, from lotions of pure water upon the wound; on the contrary, alcohol and water prevents the

alteration of organic matter, and, in this way, renders considerable service.

10th. As long as the supervention of purulent absorption is to be apprehended, give ergotine in doses of 2 or 3 grammes the first day, and continue on the following days, if necessary.

M. Mazzoni, a distinguished professor from Rome, spoke of the utility of separating the medical and surgical wards. (Unnecessary advice for most countries.) He said that erysipelas, purulent infection, and phlebitis were rare complications in Italy, but that traumatic pernicious fever was very common, and if quinine was not resorted to promptly, that the patients almost invariably died. And again; that puerperal fever, as an epidemic, was unknown in the hospitals of accouchement in Italy.

Prof. Palasciano, one of the Vice-Presidents of the Congress, had collected the statistics from the Maternite Hospital, of Naples, during thirty years, and had shown the complete absence of puerperal fever, although situated in the hospital for incurables, with twelve hundred beds, and where the most elementary hygiene is neglected. He continued:—"What is the cause of these important results? The response is this:—In the hospitals for accouchements and operations, patients are not received who can possibly injure the atmosphere, as those with typhus, typhoid, or other forms of fever; and those with tuberculosis are always separated from all others, and placed in wards distinct and distant.

"M. Chaveau has succeeded, recently, in producing the natural vaccine, by inhalation of the contagious matter. Is not the cause of the accidents which complicate surgical operations sometimes of this nature? In Italy, the surgical patients are cared for as scrupulously as parturient women."

Here followed some boasting between M. Marjolin, of Paris, and M. Meric, of London, about the condition (sanitary and otherwise) of the respective hospitals in Paris and London, which we omit.

Mr. Meric, of London, remarked that, in order to avoid consecutive hæmorrhage, he left the stumps open from half to three-quarters of an hour after amputation. He asked M. Verneuil if he had remarked that amputations were much more grave when made upon lesions from railroad injury? For his part, he did not want to appear ridiculous, but he had lost nearly all his patients, and oftenest by gangrene of the stump.

M. le docteur Bole (of Castel Sanasin) was inscribed for the next talk, and recounted six amputations, one of the thigh, and five of the leg, without losing any. He ascribes his wonderful

success to the fact that he always made immediate union, and dressed with perforated linen covered with cerate de Galien; and that he avoided frequent dressings, leaving the stump without touching many days. M. Bole supposes that similar treatment, if adopted in Paris, would be followed by very satisfactory results; but he forgot that in Paris immediate union is not sought for in hospitals, as the attempts have usually been followed by formidable accidents.

(To be continued.)

BIBLIOGRAPHICAL NOTICES.

SEVENTEENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY.

We are in receipt of the proceedings of the Seventeenth Annual Meeting of the Illinois State Medical Society, convened at Springfield, June the 4th and 5th, 1867.

The proceedings, together with the reports of special committees, make up a very interesting volume of 212 pages, with a large number of woodcuts illustrating special subjects in the different sections. Amongst the officers elected at this meeting we notice the name of Dr. S. W. Noble, of Bloomington, as President; Drs. D. W. Young, of Aurora, and O. Q. Herrick, of Kansas, as Vice-Presidents, and Dr. J. H. Hollister, of Chicago, as Treasurer.

The next annual meeting of this Society will be held at Quincy, on the third Tuesday in May next. We are indeed gratified to see our Illinois friends manifesting such a zealous spirit in professional matters, and especially in their efforts to secure legislative interference for the protection of the profession in their State. We hope their example may excite a more lively interest of the same kind amongst the profession of our own State, who certainly need such protection quite as much as our neighbors across the river.

Among the reports of the different sections, we notice a very elaborate paper from Dr. David Prince, of Jacksonville, on plastic

surgery. This report embraces 92 pages of the transactions, and gives a very complete *resume* of the subject, detailing the manner of performing the various operations belonging to this class of surgery, many of which are illustrated by woodcuts, with more or less of the history of each operation. Although there is nothing really new presented in this paper, the author is deserving of great credit for his research in this department of surgery.

Perhaps the most original and practical paper presented in the transactions is one by Dr. George T. Allen, of Springfield, on the radical cure of inguinal hernia. His apparatus, as he describes it, consists of a metallic tube, made of German silver, lead, pewter or block tin, from two and a-half to three inches and a half in length and slightly curved at the apex; about five eighths of an inch in diameter at the base, and a quarter of an inch at the apex, with a small opening about one-eighth of an inch in diameter. The convex is about an inch and a-quarter longer than the concave surface at the base of the instrument, and the extended end is used as its handle. Next, he uses a needle with a blade five or six inches long, curved to suit the tube, with a flat, broad handle about two inches long, and an eye near the point of the needle. The remainder of the apparatus consists of a buckshot with a hole through it, a gutta percha button with two holes through it, and a piece of silver or iron wire about twelve inches in length. The manner of performing the operation is, to first reduce the hernia, then pass the tube up the inguinal canal as far as the internal ring, if possible, pressing a portion of the scrotum before the tube. The wire being passed through the hole in the buckshot, around which it is tied at the middle, both ends are passed through the eye of the needle, which, thus armed, is then passed up the tube and through the small fenestra at its upper end, to a point of exit through the skin of the abdomen opposite the internal ring. The needle is then pushed forward until the eye is exposed, from which the wires are withdrawn and the needle then taken out. The next step in the operation is to draw the wires forward until the buckshot is wedged in the conical tube, so as to hold its small end up firm beneath the skin, when the wires are passed through the holes

in the gutta percha button over which they are tied. He also recommends that in most cases it would be well to insert a small block or wedge between the button and wires, so that in case the pressure excites too much inflammation, the wedge may be removed in order to relax the pressure. Dr. Allen states that he has used this method in fifty cases and failed in but three to effect a radical cure. With this number of favorable results, and the apparent utility of the apparatus, we think it well worthy a trial, and shall certainly resort to it in our first case.

We notice again a lengthy paper by Dr. H. W. Davis, of Paris, on gunshot fracture, or other compound comminuted fractures where there is a loss of continuity in the shaft of the long bones. The Doctor contends boldly and with much earnestness, that the shaft of a bone may be reproduced to the extent of even eight inches when the periosteum has been entirely destroyed. We should be glad indeed to be able to agree with Dr. Davis, and feel satisfied that his theory, so at variance with the experience of other surgeons, was true, and we have no doubt that both his and our patients would be still more rejoiced to *experience* its truth, but such has not been the result of our observation in a considerable experience both in the army and in civil practice.

E. A. C.

REPORT ON EPIDEMIC CHOLERA IN THE ARMY OF THE UNITED STATES DURING THE YEAR 1866. By Lieut. Col. J. J. WOODWARD, Assistant Surgeon, U. S. A.

This is an able, concise, and well written account of the epidemic as it prevailed in the United States Army during the latter half of the year 1866, issued as circular No. 5, War Department, Surgeon-General's Office, for the information and guidance of medical officers; and is in one way a valuable contribution to medical literature. It is an official report—made up of official reports—and, as the voluminous array of statistical tables shows, has been compiled with great pains, and with an earnest endeavor at accuracy. The author having no personal purpose to subserve, has not tried to collect facts to sustain a theory, and, consequently, so far as the history of the epidemic is concerned, we must accept it as authority.

It gives such a lucid account of the circumstances attending the transmission of the disease from post to post, and presents such an array of facts, in proof of the contagiousness of cholera, that it will attract the attention of all medical men interested in the subject.

It shows very clearly how greatly the movements of the troops tended to disseminate the disease by sending recruits from infected to healthy districts; and also shows how much may be accomplished by rigid quarantine, when practicable, and by stringent sanitary and hygienic precautions at all times.

The inconveniences of a rigid quarantine are so numerous, and its insufficiency has been so clearly demonstrated in many instances, that I do not think it would be wise to insist upon it as a desideratum hereafter, when the disease has once gotten a foothold upon our Continent; but I do think we should use every precaution to prevent its introduction at our seaports; for although we have not yet satisfactorily determined what the precise nature of the essential cause of cholera is, we are forced to conclude, from the great preponderance of evidence, that it is produced by the action of a peculiar, specific, material poison, pervading the atmosphere and acting upon the system from without. No intelligent physician will doubt this; but the opinions in regard to its mode of production, propagation and progression are still unsettled.

Some contend that it is a contagious disease, in the true sense of that term;—that it is produced by a poison generated in the system of another suffering from the same disease, and capable of being communicated directly to those susceptible to its influence. Others, and a much larger number, do not believe that the poison is always generated in the bodies of those suffering from the disease, but that the cause is an extra-somatic infection, originating externally, and depending for its production, propagation and dissemination upon certain local and atmospheric changes entirely independent of the influence of the human organization.

Those who hold this latter opinion contend that cholera is contagious, not in the sense that we call small-pox or scarlatina contagious, communicable by direct contact or being in close

communion with the sick, but nevertheless contagious, (or infectious if you please) because its poison contaminates, taints or infects the atmosphere, so as to influence to a greater or less degree, all who breathe the vitiated air and are susceptible to the poison.

With this more extended view of contagion we can more readily account for and understand its mode of dissemination than upon any other theory.

The history of the disease proves beyond peradventure that it is conveyed from place to place by intercommunication, that its march is generally in the track of commerce and travel, that it always attacks, in succession, countries, cities and towns along the great highways of the world, and that although it sometimes deviates from its course in an almost inexplicable manner, it never yet has originated spontaneously in this country, but has always been imported from abroad.

During the epidemic of 1832, very few physicians believed the disease to be contagious, although it was impossible to account for its prevalence in some places upon any other doctrine. But in subsequent epidemics in Europe and this country, the doctrine of contagion gained many adherents, so that when it recently visited us in 1866-67 the great majority of intelligent physicians throughout the world believed, that cholera was undoubtedly contagious in a most marked degree, that patients took the disease, not by actual contact of individuals, but by the poison so altering the atmosphere in infected districts as to reproduce the disease in susceptible persons breathing the vitiated air of such localities; and even those, who, up to that time, entertained doubts in regard to the contagious nature of the disease, were converted to that doctrine by the many striking proofs during the last epidemic.

Owing to the direct and rapid communication between distant countries, the spread of the disease was much more rapid, and could be traced from continent to continent and country to country—carried from the infected to the healthy districts, with much more precision and certainty than in the earlier epidemics, when travel was more slow and much restricted.

During the Crimean War this doctrine was pretty clearly

established, by the unvarying manner in which the disease followed the track of the armies.

Then the French troops who came from Algeria, where the disease devastated the country, had scarcely been disembarked at Gallipolis, when the cholera broke out among the people there. From this place the disease followed the French to Varna, where it decimated the inhabitants, sparing, however, the intermediate centres of population, and more especially Constantinople, with which the French had not had any communication, and so its migrations during that epidemic could be readily accounted for by the movements of the troops, and it would be no less interesting than instructive to follow it up as it followed the armies, did time and space permit, and were we not spared that trouble by the much more convincing proofs adduced by Dr. Woodward, in his able report above referred to—where, by a simple and unprejudiced statement of facts, he certainly confirms us very much in our views touching the contagiousness of cholera and its diffusion by human intercourse. He says: “The epidemic appears from the record to have radiated distinctly from two chief centres. Originating in the over-crowded barracks of Governor’s Island, New York Harbor, in the immediate vicinity of an infected city, through which recruits passed with more or less delay before arrival, the infection spread, by readily traceable steps, to Hart’s Island and other posts in the Harbor; to Taylor’s Island; to Louisiana, by way of New Orleans; to Texas, by way of Galveston; to Louisville, Kentucky; to Richmond, Virginia, and to La Virgin, Nicaragua Bay. From Richmond it was carried to Norfolk, and from Louisville to Bowling Green, Kentucky.

“The probabilities appear to be, that the disease was carried from New Orleans, up the Mississippi river to various points on that stream, and west of it, and though the whole chain of evidence is not complete, yet there are a sufficient number of known cases of the transfer of the epidemic from one post to another in this region to put this view of the whole movement beyond a reasonable doubt.

“The other principal centre appears to have been Newport barracks, Kentucky, where the disease was plainly introduced from

the infected city of Cincinnati, on the opposite side of the Ohio river, although it did not prevail to any great extent at this post, yet it is in evidence, that it was carried thence to Augusta and Atlanta, Georgia, and to Nashville and Memphis, Tennessee.

On the 25th of August, 384 cavalry recruits (white) from Carlisle barracks, Pennsylvania, by way of St. Louis, arrived at Fort Riley, Kansas. One of them died of cholera, August 30. From this time to October 16, 59 cases and 27 deaths occurred, all among the recruits, the rest of the garrison escaping."

Thus we see how it reached the plains of the West.

Several cases occurred at Fort Leavenworth and other posts during 1866; but it did not prevail to any great extent there until the summer of 1867; and when the correct history of its ravages that year are furnished us, we have no doubt but that its dissemination can be readily accounted for by the increased travel and transportation over the two divisions of the Pacific railroad, so rapidly being pushed towards the Mountains.

We could not satisfactorily account for the first cases occurring among the citizens of St. Louis in 1866, although we believed it was brought here by rail from New York; but we all must remember the arrival of the steamers *Continental* and *Platte Valley* with the negro troops from Helena, Arkansas, about the middle of August, and what intense excitement the exaggerated reports in regard to the prevalence of cholera among them; produced in our city. Several deaths had occurred on the steamers before reaching here, and 256 cases with 134 deaths were reported in the regiment after landing at Jefferson barracks. The boats were sent to Quarantine and kept away from the city.

Apart from the benefit of strict hygienic precautions—preventing the spread of the disease—the army surgeons accomplished very little, in their endeavors to manage the epidemic, and seem to have been far more unfortunate in their treatment than many of us practicing in civil life.

Some of the surgeons—recognizing the paramount importance of procuring good drinking water for the soldiers, devoted much attention to its purification; and especially was this systematically carried out, and with great benefit, at New Orleans.

Dr. Craig says, "a good practical rule for purifying water (destroying the organic matter without impairing the flavor and other good qualities) is to add any solution of the permanganate of potassa, until the water, as seen in an ordinary sized tumbler, appears perceptibly pink. This corresponds to the addition of from half a grain to one grain per gallon. After standing for a few hours, the color disappears, and the water is left pure as far as regards organic matter.

If, after two hours standing, the water has a pinkish color when received in a large white dish or in a bucket of polished tin, the amount of permanganate used has been sufficient, and if a pink color still remains after twenty-four hours it has been used in excess."

It appears from the tables given, that out of a total mean strength of 12,780 men, there were 2,708 cases of cholera reported, and 1,207 deaths. A little less than half the white and rather more than half the colored soldiers attacked, died.

K.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. BY T. GAILLARD THOMAS, M. D., Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, New York: Physician to Bellevue Hospital; Consulting Physician to the State Woman's Hospital, &c., &c. With two hundred and nineteen illustrations. Philadelphia. Henry C. Lea. 1868. 8 vo, pp. 625.

This is the title of a new work on the Diseases of Women, just issued by Prof. Thomas; another, and most creditable contribution, by an American author, to gynecology; and when it is remembered that America has already furnished to this department a SIMS—whose genius illumines all it touches, and the fault of whose work on uterine surgery is its excellence—it will be readily seen that it is not necessary that Prof. Thomas should furnish us anything new or original in operative gynecology in order to place the American Profession where it already stands, foremost in this department: and without claiming for the work much that is new, it is a masterly resume of what is known, by an experienced and honest observer. The Profession are indebted to Prof. Thomas for thus tabulating the much that has been accepted as

valuable and reliable in gynecology, but this is not by any means all the merit of the work; we have his ample experience, given in his opinions on pathology and treatment, which carry conviction by the confidence we feel that they are the candid opinions of an honest and competent observer.

And while Prof. Thomas is entirely familiar with the operations of Sims—being consulting physician to the New York Woman's Hospital—it is manifest that he is willing to leave this bold gynecologist where he stands, on the confines of operative uterine surgery, and, after leaving to neophytes the glories that cluster around the “duck-bill,” the “left lateral semi-prone position,” and the “bilateral operation,” would confine himself to the more useful, but less brilliant task of curing a *therapia* (less fascinating than the knife), many of the maladies of females; thus establishing his claims to at least a reprehensible amount of old-fogyism, in not believing that to slit up the vaginal cervix is a panacea for all the ills of womankind. Indeed, in the wood-cut given on page 269, and the remarks which we quote below, he would appear to be poking fun at the effects of this most lovely of operations. We hope, however, for the respect we bear to some neophytes in the “duck-bill,” “left lateral semi-prone position,” and “bilateral operation,” that such is not the case.

“When excision of the cervical mucous membrane is due to *slitting of the canal, either for surgical purposes* or by parturition, the condition may be cured by an operation which consists in paring, by long scissors, the edges of the cervical fissure, and passing deep sutures of silver wire so as to approximate them more thoroughly.”

We most cordially welcome the contribution of Prof. Thomas, and doubt not its favorable reception by the profession. M.

We regret that want of room compels us to postpone until our next number, notices of other books that we have received,—as also a list of our exchanges.

EDITORIAL NOTES AND VARIÆ.

BACK NUMBERS WANTED.—Although it was supposed that a sufficient number of copies of our Journal had been provided to meet all contingencies, the large increase of subscribers desiring the back numbers has entirely exhausted our first number. We will pay twenty-five cents, either in cash or by credit on subscription, for copies of that number:—will those of our subscribers who do not file their numbers oblige us by responding?

NEW JOURNALS.—We have received the second number of *The Iowa Medical Journal*, edited by Prof. J. C. Hughes, of the Medical Department of the Iowa State University, the publication of which has been resumed after a suspension of several years. The first number of the present volume, we are informed in an editorial, was issued as an experiment and used more particularly as a College Circular. Its publication as a bi-monthly is now announced as “a fixed fact.” The present number is a double one, (January and March,) and contains a number of interesting papers read before the Iowa State Medical Society, at its session in Davenport, May, 1867. The editor appeals to the profession to subscribe to the journal—pay up—and aid in sustaining “a home enterprise.” It is, he says, “the only Medical Journal in the State, and shall always be found ready to battle for the interests of science, the profession, and its institutions.”

We have also received the first number of the *St. Louis Dental Journal*, a new monthly, published by the *Saint Louis Odontological Society*, and edited by J. Payne, D. D. S. It contains forty pages of original and selected reading matter, and presents a very neat and creditable appearance. Its pages, we are informed in its editorial, will be assiduously devoted to every topic which will be of practical importance to the dentist; but, that while preference will be given to purely dental subjects, some space will be devoted to physiology, pathology, therapeutics and surgery, “Journalism,” says the editor, “is the great educator of the national mind. The pen is the great medium through which to disseminate new truths and principles. No professional man can be really proficient and well posted in his calling, un-

less he diligently reads the journals, and compares the opinions of other well informed men with his own." With these sentiments we fully accord, and wish both the new candidates for popular favor a full measure of success.

INTERNAL USE OF LIME IN CANCEROUS AND OTHER TUMORS.—Peter Hood, M. D., in the January number of the *Lancet*, records two cases of the successful use of this remedy, in cancers. The one case was that of a gentleman who had a cancer in his cheek, who Sir Astley Cooper had said would not live six months. "In less than six months the tumor disappeared and he got perfectly well." The other was the case of a lady, for some time under his own care, who had had cancer in the left breast, and who lived two years after his first visit to her, "and ultimately died in an epileptic convulsion, when she was apparently in her usual health. The wound resulting from the separation of the cancerous breast never entirely healed, but she never complained of any discomfort from it." The remedy used was "oyster shell powder," the directions for preparing which are as follows: "Bake a quantity, say half a peck, of oyster shells for three nights in a slow oven. Then scrape out the *small white* part of the shells, powder finely, and take as much as will lie on a shilling, once or twice a day in a little warm water or tea. If that affects the system too much leave off a day or two and commence again.

"Should an ointment be thought desirable, mix the powder in cream, lard, or quite fresh butter without any salt in it, and apply it.

"This treatment generally requires perseverance for three or four months before its effects are seen.

"The shells to be used are those which are concave."

Dr. Hood says he had been in possession of these facts for several years, but owing to the difficulty he felt in explaining the *modus operandi* of the apparently simple remedy of powdered oyster shell in so formidable a disease as cancer, he did not make them public until recently. Mr. Spencer Wells, to whom in conversation he had related the matter, informed him, "that he attributed the efficacy of the remedy entirely to the lime contained in the powder," and that "he had used lime largely in the treatment of these and other tumors, and he had become convinced that an atrophy and calcification of fibroid tumors, resembling the spontaneous change or degeneration not unfrequently observed in such tumors, was often produced or hastened by the use of lime. And he added that he had reason to believe the change com-

menced in the coats of the arteries supplying the tumors with blood; that these coats underwent first an atheromatous, afterwards a calcareous degeneration—in either case with a diminution of the calibre of the vessel and a diminished supply of blood.” In conclusion, Dr. Hood says, “If there be any force in the reasoning of Mr. Spencer Wells, on the facts which he has observed, I cannot see why the nutrition of malignant tumors should not be as readily affected by inducing atheromatous or calcareous degeneration of the vessels which supply them with blood, as the nutrition of innocent tumors would appear to be.”

HUMIDITY AS A CAUSE OF PHTHISIS.—We glean from the *Boston Medical and Surgical Journal* the following items confirmatory of this proposition. In an address delivered some years since before the Massachusetts Medical Society by Dr. Henry S. Bowditch, he called attention to the fact that in New England, where consumption produces such fearful mortality, it is not equally diffused, but “that there are some spots which have very little of that scourge of the human race, while in other places, and even in particular houses, it prevails to a frightful degree; and moreover that these spots may be, perhaps, within a very short distance of each other,” and presented a large array of facts to prove “that dryness of the soil in the surroundings of any place is the prominent characteristic of the former, or of places comparatively free from consumption, while dampness of soil characterizes the latter, or as they may be aptly called, *consumption-breeding districts*.” He also contended that it was *not cold combined with moisture*, but *moisture independent of temperature*, that caused the different rates of prevalence of phthisis in different localities.

In 1865 and 1866, Dr. Buchanan, of England, was directed “to investigate the effect of drainage works,” &c., in twenty-five towns containing an aggregate population of 600,000 persons, “where structural sanitary works have been most thoroughly done, and had been longest in operation.” In his report, he says that “the novel and *most important* conclusion suggests itself that the *drying of the soil*, which has in most cases accompanied the laying of main sewers in the improved towns, has led to the diminution, more or less considerable, of phthisis.”

In an article in the *Journal de la Societe de Statistique de Paris*, by Dr. Gross, of Berne, on the Geographical Distribution of Phthisis, after calling attention to the fact of the comparative immunity of

persons living on high ranges of mountains, he says:—"but there is an atmospheric element, which does exercise an unfavorable influence in respect to the prevalence of phthisis, and that is humidity. Nearly all the countries and localities in which phthisis has been noted as frequent, are distinguished more or less by great humidity, whilst those that are free from the disease have generally a very dry atmosphere, either by reason of their great elevation or by great degrees of cold."

As these facts are confirmed by the observation and experience of many able practitioners, it may be well to bear them in mind, when occasion occurs for recommending change of climate, or place of residence for patients suffering from this very distressing disease.

CUBEBIC ACID.—The curative power of cubebs, it seems, has been found to reside in a crystalizable constituent—cubebic acid—and not in the volatile oil or resins. We learn from the *Medical and Surgical Reporter* that three out of five patients were cured in six days with this remedy, by from eight to thirty grains in pill during twenty-four hours. The discharge in the remaining two cases was very much diminished.

CASE OF HYDROCELE CURED BY FARADIZATION.—The patient, aged 54, had a hydrocele of many years standing, which had been treated three times by injection without effect. The tumor was large and very sensitive. To effect a radical cure electricity was used. A needle connected with the negative pole of Daniell's Pile was introduced into the anterior portion of the tumor, and the other pole, by means of a damp sponge, applied to the other side of the scrotum. The current, which caused little pain, was continued for five minutes and repeated three times a day, after which the part gradually returned to its natural size. Nine months after the hydrocele had not returned.—*L'Evenement Medicafe*.

CREOSOTE ENEMA IN CHRONIC DIARRHŒA.—Gardner mentions this mode of using creosote as very effectual in chronic diarrhœa. We have seen it employed in a case in St. Mary's Hospital, which had resisted other treatment, and with the most gratifying results. The quantity injected should be three or four drops, in a small quantity of mucilage or thin starch. A grain or two of opium may well be added.—*Pacific Medical and Surgical Journal*.

AN AGREEABLE AND EFFICIENT CATHARTIC.—The following formula, copied from the Philadelphia Journal of Pharmacy, is proposed to supply the want long felt of a laxative or purgative more

efficient and certain in its action than the citrate of magnesia, and not less palatable: citric acid, one pound; calcined magnesia, three and one-half ounces; sulphate of magnesia, six ounces; water, one gallon. Of this solution four ounces are to be put in an eight ounce bottle, with sufficient lemon syrup and water to fill it. Thirty grains bicarb. potassæ are then added and the bottle immediately and securely corked. The taste of the salts is said to be effectually disguised, the mixture palatable and agreeable, and one-fourth to one-half the contents of the bottle thus prepared, to act on the bowels with certainty.

Too great attention cannot be given to the preparation of efficient medicines in palatable form, as there can be no question that inattention to this, and the administration of medicines unnecessarily nauseous, has done more for the popularity of homœopathy than all other causes combined.

DECOLORATION OF IODINE.—Dr. Baruch, of Camden, S. C., in a recent number of the N. Y. Medical Record, says that both the hyposulphite and bisulphite of soda have the peculiar effect of depriving iodine of its color, forming a perfectly limpid fluid, which does not form the purple iodide of starch on the linen, nor produce the yellow discoloration of the skin. The small quantity of the hyposulphite required for this purpose, neither adds to, nor detracts from the therapeutic properties of the iodine.

A saturated solution of the soda in water is added to the tincture of iodine, in the proportion of about one-sixth. By agitation, a beautiful clear solution is formed with the properties mentioned.

If we desire, he says, to obtain the effect of the undiluted tincture, we need only dissolve in it a few crystals of the hyposulphite, or a little of the powder of the bisulphite, and complete decoloration will be the result. While the "carbodate of iodine" may be, and doubtless is a valuable antiseptic and stimulant, there may be, he suggests, some cases in which the carbolic acid might be contra-indicated, and in which the other preparation may prove a valuable remedy.

[The decoloration is both prompt and perfect by this process, but continued exposure to the light partially restores the color.—Ed.]

SORE NIPPLES.—Dr. Blaquierres says, in the *Journal des Connaissances Medicales*, that three or four applications of the following compound cures this complaint: cocoa butter, 150 grains; extract of rhatany, 10 grains.—*Phila. Med. & Surg. Rep.*

GLYCERINE AS A LOCAL APPLICATION TO INFLAMMATIONS.—In an essay recently read before the New York State Medical Society, by Dr. John H. Grissom, and published in the *Phila. Med. & Surg. Reporter*, he greatly extols glycerine as a topical application, “in furuncles, erysipelas, ophthalmia, nasal inflammation, urethritis and other inflammatory and congestive troubles.” Its value as a depletory remedy in this class of affections, is dependent on its affinity for aqueous fluids, including the serum of the blood. “In not one,” he says, “of a large number of such cases, have I been disappointed in the alleged tendency of the oil to drain off the serum, even through the perfect integument, and the effect has been almost as uniformly demonstrative of its depletory results, as if the blood itself had been removed from the part; in fact glycerine may be regarded as a good substitute for leeches and blisters, and in some instances for surgical operations.” As a local application in *urethritis*, he directed an ounce of glycerine, combined with half a drachm of Sulphate of Zinc, to be injected into the urethra twice a day, and to be pressed inward as far as possible. The patient was restored to health in a few days.

Regarding *erysipelas* as the local result of a constitutional disturbance, calling for correctives, the principal of which used was *soda sulphis*, the glycerine was used as an adjunct to internal treatment, and was applied to the entire inflamed surface by means of muslin partially saturated with it. In no instance among numerous cases of erysipelas both in hospital and private practice, had he before observed so speedy relief of the local trouble. He also observed the same happy results in simple ophthalmia, but “the most remarkable exhibitions of its depletory power” were evinced in the “complete and speedy reduction and removal of carbuncular and suppurative tumors.”

CARBOLATED GLYCERINE.—In the same journal, Dr. Lawrence, of Hot Springs, Ark., is eulogistic of a preparation, which, for want of a better name, he has styled *Carbolated Glycerine*. It is prepared, he says, from Calvert's beautiful crystalline, chemically pure, pyrogenous acid—the camphoroid solid acid—with Price's or Bowers' inodorous glycerine. In a water bath of 100° to 130° Fah., he mixes *one* ounce of carbolic acid (when fluid) with *nine* times (in bulk) of pure glycerine, and agitates while hot until thoroughly incorporated. This preparation and its dilutions with glycerine and water, he claims, will relieve and control phagedena, sloughing ulcers, bed sores, chronic syphilitic, mercurio-syphilitic and strumous ulceration, sloughing

gummatas, phagedenic chancres, and all that class of obdurate ills, with more certainty and celerity, and more satisfactorily than any other remedy within the range of his experience. It is beneficial in diseases of *parasitic* origin. Diluted ten to twenty times its bulk *with pure water*, he uses it with Richardson's "*Atomizer*," for all forms of aggravated ulcerated surfaces. With the "*Nephogene*," it is invaluable for nasal, faucial, tonsillar, pharyngeal, laryngeal, tracheal and bronchial ulcerations. In ulcerations of the uterus and vagina, and in the treatment of follicular diseases of the genitals, it is an important agent. For sinuses, ulcerations, and fistulous openings in the rectum it is beneficial. He also uses it for ulcerations of the external auditory canal. In caries and necrosis of bones, whenever it can be applied, he employs it with a solution of *chlorate of soda*. As an antiseptic, disinfectant, anti-parasitic, detergent, corrective, and healthy stimulant, he claims it to be one of the most powerful and valuable adjuncts to our list of remedies. If possessed of a tithe of the efficiency claimed for it by the writer, it must certainly prove a very valuable remedial agent.

A NEW CHALYBEATE TONIC.—Dr. Black, of Newark, Ohio, furnishes to the *Cincinnati Lancet and Observer* the following formula for what he terms, the "liquid oxysulphate of iron:" R. ferri sulph., two drachms; acid nitric, three drachms; aqua distil., half an ounce. Rub the sulphate slowly in a mortar with the acid; gradually add the water after the sulphate is all dissolved, and filter through paper. Dose from six to twelve drops in water or quassia infusion.

This preparation, he says, has been a great favorite with the few physicians who have had knowledge of it, and that he has found it of singular efficacy in the majority of cases wherein iron is indicated; also an excellent appetizer, and the most palatable of all the ferruginous preparations, in the proportion of one drachm to an ounce of simple syrup, the dose of which is a teaspoonful. The taste is seldom objected to by even the most fastidious. It makes with quinine a beautiful clear solution and a tonic unsurpassed.

TREATMENT OF RHEUMATISM BY LARGE DOSES OF QUININE.—A Paris correspondent of the *Richmond Medical Journal*, says that the quinine treatment was invented by Briguët, of La Charité, by whom the valuable influence of sulphate of quinine over rheumatic fever has been unquestionably demonstrated. He gives it in five-gramme doses (about one hundred grains) in divided paquets during the day.

M. Ball, who supplied M. Bouillands place during the vacation, treated his patients with three gramme doses (sixty grains.) At Lariboissiere and Beaujon, M. M. Herard and Moutard Martin commence with seventy-five centigrammes, and gradually increase to two grammes—never passing this dose.

The most favorable cases for treatment are those in which the inflammation is most generalized and the fever most acute; in these the pain and fever was notably ameliorated by the third or fourth day. Mono-articular rheumatism was extremely intractable and did not yield to the quinine treatment.

The theory of the action of sulphate of quinine is based upon its influence on the nervous system, a supposed shock to the nerves, as in the case of intermittent fever, and that, by stimulating them, it arrests the process of disassimilation which proceeds, perhaps, with such rapidity, because the usual influx of nervous force has been withdrawn.

WOUNDS OF THE KNEE JOINTS.—Dr. Arthur Jackson reports, in the *Lancet*, a case in which he applied the tourniquet to the femoral artery, in inflammation from a punctured wound of the knee-joint. The tourniquet was kept applied for forty-eight hours, when it was removed on account of the pain produced by the pressure. The inflammation, he says, had subsided, and the patient made a rapid recovery.

We confess that we cannot see any *necessary* connection between the application of the tourniquet and the successful issue of the case. Might not the recovery have been the same even though the tourniquet had not been applied? Several years since we were consulted in a case of incised wound of the knee-joint, from the effect of which there was acute local inflammation, severe pain, and considerable constitutional disturbance. Sudorifics, narcotics, and laxatives were ordered to allay the constitutional disturbance; sedative fomentations and water dressings ordered to the entire knee, and perfect rest enjoined in the recumbent position, with the leg secured in an elevated and slightly flexed position. The flexed position was ordered, both with a view to the present comfort of the patient and to future usefulness in case of ankylosis, which was fully apprehended, and the patient and friends so advised. To our astonishment, a rapid and perfect recovery was made without the further development of a single bad symptom. There was no possible doubt that the incision had penetrated the joint, as some of the synovial fluid had escaped.

PROPHYLAXIS OF WHOOPING COUGH.—M. Darreux (of Liege) uses the following mixture; extract of aconite, one grain; laurel water, one fluid drachm; ipecacuanha syrup, forty-five drops; solution of gum arabic, seven ounces; one teaspoonful every hour for an infant, two for children above three years, and a tablespoonful for adults. The medicine should be given from eight to ten days, although there may be no cough. The remedy succeeds remarkably when the latter is not of long standing.—*Lancet*.

USE OF THE SPRAY PRODUCER IN SYPHILITIC ULCERATION OF THE THROAT.—By means of this little instrument (a common spray producer) a fine spray of sulphurous acid was showered over the tonsils and palate of a man who was suffering much distress from syphilitic ulceration of the throat. The improvement which took place was very rapid. The smell and bad taste which had been a great source of annoyance ceased immediately, and the unhealthy aspect of the sores gave place quickly to signs of healing. The man expressed himself very strongly as to the marked relief which the sulphurous acid, thus administered, had given him, and on looking into his mouth some days after the application we found the throat all but healed. The spray, he told us, in reply to a question, produced no smarting.—*Lancet*.

DELIRIUM TREMENS WITH CANNABIS INDICA.—Dr. Bedoe, physician to the Bristol Royal Infirmary, advises, in the treatment of *mania a potu*, the employment of the cannabis indica. He usually begins with a grain of good extract or twenty minims of the tincture; waits from four to six hours, and then, if the patient is awake, gives a double dose. If this also proves fruitless six or eight hours later, he gives three or even four grains; then allows six to eight hours to pass, and if necessary tries a yet larger dose. Longer intervals are obviously needful for extract than for tincture. In one case Dr. B. gave as much as six grains before the patient began to sleep. Along with the remedy he is accustomed to give as much soup, milk, and other digestible food as the patient's stomach will bear, and says that cannabis does not injure the appetite as does opium. He rarely gives alcoholic stimulants unless the pulse gives unmistakable evidence of its propriety.—*N. Y. Medical Gazette*.

HEART-BURN.—Dr. F. W. Pavey (*Digestion and its Disorders*) says, in speaking of this very common complaint, that rich living is a frequent source of its production. He is inclined to think that the burning sensation at the pit of the stomach is due to a retrograde flow of

bile into this viscus, but Dr. Leared believes it to be produced by butyric acid, either taken with pastries or formed in the process of imperfect digestion. The treatment advised is mainly comprised in the administration of alkaline reagents.—*N. Y. Medical Gazette*.

MENTAL LABOR AND PHYSICAL EXERTION.—It may be possible, at some future stage of scientific enquiry, to compute the comparative amount of oxidation in the brain during severe mental labor. Even now, from obvious facts, we must pronounce it to be a very considerable fraction of the entire work done in the system. The privation of the other interests during mental exertion is so apparent, so extensive, that if the exertion should happen to be long continued, a liberal atonement has to be made in order to stave off general insolvency. Mental excess counts as largely as muscular excess in the diversion of power; it would be competent to suppose either the one or the other reducing the remaining forces of the system to one-half of their proper amount. In both cases the work of restoration must be on the same simple plan of redressing the inequality by allowing more than the average flow of blood to the impoverished organs, for a length of time corresponding to the period when their nourishment has been too small. It is in this consideration that we seem to have the reasonable, I may say the arithmetical, basis of the constitutional treatment of chronic disease. We repay the debt to nature by allowing the weakened organ to be better nourished and less taxed, according to the degradation it has undergone by the opposite line of treatment. In a large class of diseases we have obviously a species of insolvency, to be dealt with according to the sound method of readjusting the relations of expenditure and income. And if such be the true theory, it seems to follow that medication is only an inferior adjunct. Drugs, even in the happiest application, can but guide and favor the restorative process; just as the stirring of a fire may make it burn, provided there be the needful fuel. There is thus a definite, although not numerically stateable relation, between the total of the physico-mental forces, and the total of the purely physical processes. The grand aggregate of the oxidation of the system includes both; and the more the force taken up by one, the less is left to the other. Such is the statement of the correlation of mind to the other forces of nature. We do not deal with pure mind—mind in the abstract; we have no experience of an entity of that description. We deal with a compound or two-sided phenomenon—mental on one side, physical on the other;

there is a definite correspondence in degree, although a difference of nature, between the two sides; and the physical side is itself in full correlation with the recognized physical forces of the world.—*Macmillan's Magazine*.

GASTRIC NEURALGIA WITH ARSENIC.—Dr. Leared, of the Great Northern Hospital, strongly advises the use of arsenic, in the form of Fowler's solution, in such cases. The dose is from two to five minims thrice daily, after meals.

CURE OF OPAQUE CORNEA.—De Luca has just presented to the French Academy a paper, in which he states that he has found that sulphate of soda has the power of removing corneal spots in an almost incredibly short space of time. He was led to the experiment from the fact that it maintains the fibrin of the blood in a state of solution. He first used the salt dissolved in distilled water, and allowed the liquid to fall drop by drop on the ball of the affected eye, and the result was that, after some days' treatment, the opacity was, to a certain extent, diminished. He then used the sulphate in fine powder, allowing a few particles to fall upon the eye. In this way a more decided result was obtained—one patient, who had previously been almost completely blind, regained a certain amount of distinct vision.—*Medical Times and Gazette*.

STRYCHNINE IN EPILEPSY.—Mr Tyrrell, in the *Medical Times and Gazette*, has reported a number of cases in which he tested the efficacy of strychnine in this disease. The first case in which he used it is thus described: "The first case in which I used strychnia was in 1860, in a patient 28 years old, who had been for some time losing flesh and strength, and had latterly been subject to attacks of epilepsy. After enforcing rules for diet, exercise, &c., I prescribed for him the sixteenth part of a grain of the sulphate of strychnia, to be taken twice daily in solution. Under this treatment, at the end of two months, he entirely recovered, has had no further attack, and is improving in health and strength." Mr. Tyrrell further says: "I have seen, as yet, no case in which the strychnine did not exhibit a marked power in controlling and altering the convulsive attacks."

CAMP ITCH.—Dr. F. W. Hunter recommends the following as a remedy: Take four ounces of fresh May-apple root, put into one pint of water, boil down to two ounces, and add two ounces of lard, and half an ounce of tinct. iodine; scent with oil bergamot, q. s. Wash the affected parts with castile soap and water and apply the ointment

at once. Two applications will suffice — *Half-Yearly Compendium of Medical Science*.

LIQUID GLUE.—Crack up the glue and put it in a bottle; add to it common whisky, shake up and cork tight and in three or four days it can be used. It requires *no heating*, will keep for almost any length of time, and is at all times ready for use, except in the coldest weather, when it will need warming. The bottle must be kept tight, so that the whisky will not evaporate. A common cork should not be used; it will become clogged. Use a tin stopper, covering the neck of the bottle, and fitting as closely as possible.—*American Artisan*.—*Druggist's Circular*.

TOOTH ACHE DROPS.—An admirable mixture is made by combining in equal parts creosote, laudanum, chloroform, tinct. aconite, tinct. iodine and lead water. To be applied on a pellet of cotton.—*Buffalo Med. & Surg. Journal*.

ANTI SUNBURN POMADE.—The following is a really good and equally simple recipe to prevent the skin from cracking, and to remove sunburns. Melt two ounces of spermaceti in a pipkin, and add two ounces of oil of almonds, and when they are intimately combined stir in a teaspoonful of fine honey—stir the mixture until cold, or the materials will harden separately. This pomade should be applied at night after washing the skin, and should be allowed to remain on until morning.—*Journal of Applied Chemistry*.

TO PREVENT STEEL AND IRON INSTRUMENTS FROM RUSTING.—A varnish composed of one part of white wax dissolved in fifteen parts of benzine, is the best and cheapest we have ever used for this purpose. Apply it with a brush and leave it a short time to dry.—*Journal of Applied Chemistry*.

THE OLDEST DOCTOR IN THE WORLD.—Prof. F. Verdugo, aged 105 years, died recently in the Province of Salamanca, in Spain. He had practiced medicine for 80 years.

We again call the attention of our readers to the following Circular:

THE NINETEENTH ANNUAL MEETING of the AMERICAN MEDICAL ASSOCIATION will be held in Washington, on Tuesday, May 5, 1868, at 11 o'clock, A. M.

The following Committees are expected to report:

On Ophthalmology—Dr. Jos. S. Hildreth, Illinois, Chairman.

On the Cultivation of the Cinchona Tree—Dr. J. M. Toner, D. C., Chairman.

On Surgical Diseases of Women—Dr. Theophilus Parvin, Indiana, Chairman.

On Rank of Medical Men in the Navy—Dr. N. S. Davis, Illinois, Chairman.

On Insanity—Dr. C. A. Lee, N. Y., Chairman.

On American Medical Necrology—Dr. C. C. Cox, Md., Chairman.

On Leakage of Gas Pipes—Dr. J. C. Draper, N. Y., Chairman.

On Medical Ethics—..... Chairman.

On Plan of Organization—Dr. C. C. Cox, Md., Chairman.

On Provision for the Insane—Dr. C. A. Lee, N. Y., Chairman.

On the Climatology and Epidemics of

Maine—Dr. J. C. Weston.

N. Ham.—Dr. P. A. Stackpole.

Vermont—Dr. Henry Janes.

Mass.—Dr. Alfred C. Garratt.

Rhode Island—Dr. C. W. Parsons.

Connecticut—Dr. E. K. Hunt.

New York—Dr. W. F. Thoms.

New Jersey—Dr. Ezra M. Hunt.

Pennsylvania—Dr. D. F. Condie.

Maryland—Dr. O. S. Mahon.

Georgia—Dr. Juriah Harriss.

Missouri—Dr. Geo. Engelman.

Alabama—Dr. R. Miller.

Texas—Dr. T. J. Heard.

Illinois—Dr. R. C. Hamil.

Indiana—Dr. J. F. Hibberd.

Dis. of Columbia—Dr. T. Antisell.

Iowa—Dr. J. W. H. Baker.

Michigan—Dr. Abm. Sager.

Ohio—Dr. J. W. Russell.

California—Dr. F. W. Hatch.

Tennessee—Dr. Joseph Jones.

W. Virginia—Dr. E. A. Hildreth.

Minnesota—Dr. Samuel Willey.

On Clinical Thermometry in Diphtheria—Dr. Jos. G. Richardson, N. Y., Chairman.

On the Treatment of Disease by Atomized Substances—Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries—Dr. Ben. Howard, N. Y., Chairman.

On the Treatment of Club-Foot without Tenotomy—Dr. L. A. Sayre, N. Y., Chairman.

On the Radical Cure of Hernia—Dr. G. C. Blackman, Ohio, Chairman.

On Operations for Hare-Lip—Dr. Hammer, Mo., Chairman.

On Errors of Diagnosis in Abdominal Tumors—Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays—Dr. Chas. Woodward, Ohio, Chairman.

On Medical Education—Dr. A. B. Palmer, Mich., Chairman.

On Medical Literature—Dr. Geo. Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON, M. D., *Permanent Sec'y*,

S. W. Cor. Broad & Pine Sts., Philadelphia.

Humboldt Medical Archives.

NEW SERIES.

VOL. II.]

MAY, 1868.

[No. 3.

VALEDICTORY ADDRESS.

Delivered before the Graduating Class of the Humboldt Medical College, at the Annual Commencement, April 14, 1868, by J. C. WHITEHILL, M. D., Prof. of Theory and Practice of Medicine, and Clinical Medicine.

GENTLEMEN GRADUATES: The pleasant duty has been assigned to me, in the name, and in behalf of the faculty of the Humboldt Medical College, to congratulate you upon the successful termination of your collegiate labors as medical students. The courses of lectures you have attended have been much prolonged beyond what is customary in the medical colleges, not only of this city, but in most, if not all, throughout our entire country; but the practical result of this extended course of instruction must now be equally as satisfactory to you as students, as it is to those who have been your instructors.

The examinations to which you have been subjected were rigid, thorough, and extended; more like those required of candidates for appointment in the military or naval service of the United States, than those usually required of under-graduates,—candidates for the degree of Doctor of Medicine. A matter in connection with your examinations to which I would here advert, is the method of their conduction. You were examined, not only in the presence of the assembled faculty of the institution, but in the presence of a public audience, both members of the pro-

fession and others; and I take pleasure in congratulating you upon the creditable manner in which you acquitted yourselves. This method of examination, however, I would remark, is not to be accepted as an established precedent for the conduction of our future examinations; it having been, in this instance, as was also the case a year ago, in conformity with the wishes of the class,—a preference which, I conceive, could only have emanated from a confidence in the extraordinary advantages you have enjoyed for qualifying yourselves, during your extended and methodical course of instruction.

In connection with this, I would here say that the faculty, for themselves, disclaim all pretensions to any extraordinary qualifications or ability as teachers, but they do claim that the course of instruction adopted in this institution is more thoroughly inductive in its plan, and more systematic and comprehensive in its arrangement, than that of any similar institution of which we have knowledge in this country. With our extended course of instruction—nearly double that of most other medical colleges—and the subdivision of the course into junior and senior departments, (an arrangement, I believe, peculiar to this institution,) and also the increased number of our faculty, facilities are afforded for the arrangement of a more systematic and comprehensive course of study and instruction, than could otherwise possibly be effected. Not only is the student by this means first made familiar with the primary or fundamental branches of medicine—inducted from the simple to the complex—but the course of instruction has been greatly enlarged and extended, so as to embrace, more or less directly, much of all that is known in the several departments of medicine, and made commensurate, as far as possible, with the enlarged and constantly enlarging field of medical science. Greater facilities are also afforded for instruction in the various specialities of medicine, a number of which are taught as separate branches in this institution,—a matter of impossibility in the ordinary restricted courses of instruction, without at least a corresponding neglect of other departments.

I am aware that there are those who argue that the length of the terms of lectures in this institution is an objection to it. To

such I would reply by the following quotation from the announcement of the College for the term just closing:

“While the Humboldt Medical College offers every inducement to the medical student anxious to acquaint himself with the principles of his profession, and, by systematizing and dividing up the course of instruction, facilitates his studies, at the same time securing that thoroughness without which there is no excellence, the inducements are only to these; it offers none to those whose highest ambition is to obtain the degree of Doctor of Medicine, regardless of merit; such as those must still find stronger inducements in such schools as make doctors on shortest time, and with the least expense and exertion on the part of the student.”

It must be a source of satisfaction, both to the founders of this institution and to the originators of our plan of instruction, that it not only embraces most of the leading recommendations of the Report on Medical Education, presented by Prof. Stille, at the last session of the American Medical Association, but is strikingly in conformity, in most respects, with the plan of education proposed and recommended by the Teachers' Convention, since held in Cincinnati, for the purpose of revising the general system of Medical College Education for the United States, and considering the adoption of measures for its reform. These facts must certainly be accepted as evidence that our plan of instruction is in accordance with the wants and requirements of the age, and correspondingly in advance of the “quick and easy” methods of instruction, and low standard of education, but too generally prevalent; and for a release from the thralldom of which, for the honor and reputation of the profession be it said, an effort is now being made.

As an evidence of the practical working of our plan, we can point with pride and satisfaction to the creditable examinations which you, Gentlemen Graduates, have undergone, preliminary to the receipt of the degree of Doctor of Medicine, which has just been conferred upon you: and, gentlemen, it is with both pleasure and satisfaction, that, in behalf of the faculty, I welcome you to the ranks of our noble and honorable profession.

It long ago was said, that "the noblest study of man is man;" and can we conceive of a nobler avocation for man, than the alleviation of human suffering, and the lengthening of human life, by warding off or moderating disease, as the greatest of mortal evils, and being able to restore health, and reason itself at times, as the greatest of mortal blessings. Almost eighteen centuries ago, Cicero, the Roman philosopher, and personal friend of Asclepiades, in expressing his admiration for that bold, accomplished and successful practitioner, paid a glowing tribute to the entire profession, by saying that "nothing brings men nearer to the gods than giving health to their fellow-creatures."

Gentlemen, the profession you have chosen—notwithstanding it is sometimes prostituted to base and dishonorable, and even to criminal purposes, by base and dishonorable practitioners—is both a noble and an honorable one; but let me assure you it is neither one of ease, repose or leisure. The pathway of the hill of science is rarely strewn with flowers. If you would reach its summit, if you would rise to eminence in your profession and merit the high laudation bestowed by the Roman philosopher upon his friend, your lives must be spent in constant labor, toil and study. Already have you burned the midnight lamp. Already have you toiled for months and even years. With scalpel in hand, you have made yourselves familiar with the construction and mechanism of that most wonderful thing, the human organism. With the structures—the cortical and medullary substances, the convolutions, the commissures, the radiating fibres, &c., of the brain, the seat and source of thought and reason;—with the scattered but mutually connected ganglia of the sympathetic or visceral nervous system, that controls and directs the functions of organic life;—and with the various parts of the cranio-spinal axis, the nervous system of animal life, you have made yourselves alike familiar. The nerve trunks, that like so many electro-telegraphic wires, convey intelligence from the delicate nerve cells or ganglia, that like sentinels ever on duty, give information of the condition and wants of the various organs, viscera, and parts of the organism, and that bear the mandates of the will to the various muscles that do its bidding, and enable it to act on the material world

around; and the muscles themselves, have each been laid bare before you. The arteries, through which courses the *vital fluid*, freighted with histogenetic elements of nutrition for every part of the organism, and the veins through which it returns, loaded with effete matters to be eliminated through the various emunctories, have each been traced from their common centre, the heart, to their ultimate ramifications. Every organ and viscus has been exposed to your inspection, and even the microscope has been called into requisition to develop to you their minute anatomy and ultimate structure. Physiological research has acquainted you with the phenomena of the various functions, the aggregate of which constitute life. Your knowledge of chemistry, and philosophy, and of the laws of physics and mechanics, enables you to comprehend many of the chemico-vital, mechanico-vital, and mechanico-chemical actions, workings and changes, that are constantly transpiring in the animal organism. Under the tuition of a most able pathologist you have had elucidated to you the various changes and processes that constitute the phenomena of disease. From ocean depth to mountain top—the cultivated field, the shaded dell, the extended plain, the trackless forest, and even the very bowels of the earth, and the vegetable, animal and mineral kingdoms, from every land and clime—all have been made to yield medicines and medicaments to supply our *materia medica*; earth, air, and water, the very elements themselves have been made subservient to the relief and cure of disease;—of these, their origin, properties and qualities, their preparation, doses, methods of use, and means and manner of application you have been informed. With the laws of *hygienica* and *dietetica*, you have been acquainted, as also with their application to the prevention and treatment of disease. With regard to the poisons, their tests and their antidotes, you have been instructed. Medical jurisprudence has not been neglected. With the history of disease in its various phases and forms; its nature, causes, symptoms—both subjective and objective, physical and rational—its pathology and treatment, as also with what pertains to surgery, and surgical operations and appliances, you have been made familiar both by didactic instruction and clinical demonstration. In short,

you have made yourselves more or less familiar with all the various branches of human knowledge that are essential to a comprehension of the great science of medicine. But notwithstanding you have spent not only days and nights, but months and years of toil and study, still you are yet but upon the portals of the gateway of the temple. Vast fields of science lie unexplored before and on either side of you. Each separate branch of medical knowledge has grown to such proportions, that the devotion of a life time could not attain to an exhaustive elucidation of either. Although the history of medicine may be said to be coeval with the history of man, still, as a science, it is yet comparatively in its infancy. Indeed it is but comparatively of recent date that it has been worthy of being marked as a science. Notwithstanding there have in all ages been those who have acquired fame and notoriety as practitioners of the *healing art*, still with but few exceptions they have been but illiterate pretenders or bold empyrics, ignorant of the most rudimentary elements of scientific medicine.

History informs us that among the early Egyptians, the practice of medicine was confined to incantations, and invoking the aid and assistance of imaginary gods and demons, doubtless not unlike, in many respects, that still practiced by the "medicine men" among our Indian tribes. The body, we are told, was divided into thirty-six parts, and entrusted to an equal number of demons, and invoking the aid of each spirit to cure his own particular portion was the principal duty of the physician.

The Greeks are supposed to have derived their traditions from the Egyptians, but they considered medicine to be of divine origin, and its teachers to be no less personages than gods and sons of gods. Apollo, according to the early Greeks, was the original god of Physic, but resigned to his son Æsculapius on account of his superior skill in surgery.

For centuries the knowledge of medicine was orally or traditionally handed down from father to son, and nothing seems to have been accomplished towards raising it to the dignity of a science, until the time of Hippocrates, about 400 years before the Christian Era. Unfortunately, like his predecessors, his knowl-

edge of anatomy was but little more than a blending of ingenuity and error, but by untiring energy, persevering industry, close observation and philosophical research, he effected much towards freeing medicine from the gross absurdities with which ignorance and superstition had surrounded it, and earned for himself the proud distinction of being the "Father of Medicine." So close and correct were his observations of diseases, and so accurate and faithful his descriptions of them, that much of his writings may even now be read with both pleasure and profit. He certainly did more for medicine than all who had preceded him, and few, if any, have since rendered equal service to the profession.

For many centuries from his time the history of medicine seems to be little else than a record of the vacillations of the struggle between the dawning light of science and the dark clouds of prejudice, ignorance and superstition. Indeed it is recorded that after the transfer of the seat of empire to Europe, and Rome became the great seat of learning, all classes, from Cato the Censor, down, entertained such a prejudice against the practitioners of medicine, that public edicts were issued forbidding "all countenance to the professed exercise of physic;" and for the first *six hundred years*, Rome, "the great seat of learning" and "proud capital of the world," had no regular practitioner of medicine,—"religious rites," and "spells and incantations," being trusted to for the cure of disease.

During the second century, Claudius Galen, a man of great learning, brilliant genius, and indomitable energy and industry, made an effort to rescue medicine from the chaos in which he found it; but it was not until Vesalius gave to us anatomy, and Lavoisier, chemistry, that medicine became truly worthy of being ranked as a science. Who could now conceive that for ages upon ages, human anatomy could have remained a sealed book? Who could now conceive, that until the sixteenth century, the profession could have awaited a Harvey, to demonstrate the circulation of the blood? that for more than 5000 years, they could have remained ignorant of a fact so simple, and so easy of demonstration? And who could have conceived that it should have remained for the pathology of the nineteenth century to develop a rational

explanation of the phenomena of inflammation, a process that, turn which way we may in the consideration of the phenomena of disease, meets us at the very threshold of our pathological inquiries; and so interwoven with the theory and practice of medicine, that it has in all ages been made the pivot on which the medical philosophy of the times has revolved, and the comprehension of which must ever furnish the principles on which a rational system of practical medicine alone can rest? And who could have believed that the processes of development, growth, nutrition, disintegration and decay, could for more than 6,000 years—even to the very generation in which we live—have remained a hidden mystery, and subject for theoretical speculation? Do you wonder, then, that I have said to you that the science of medicine is yet in its infancy? The present century, and even the last half century, has done more toward the development of a scientific system of medicine than all the ages that have preceded it. The announcement of the theory of cell-genesis, gave an impulse to scientific investigation, second to none, perhaps, that has ever existed. Chemists have been enthusiastic in the prosecution of organic analysis. Anatomists, physiologists and pathologists have been alike unwearied in their researches concerning the evolution, development and structure of the tissues, and in the elucidation of organic laws regulating and governing alike the processes of health and of disease.

Unfortunately, the science of medicine, in its present condition, possesses no *primitive fact* on which can be established fixed and determinate laws, as in those which are designated the *exact sciences*. We believe, however, that such will yet be demonstrated, and medicine endowed with characters of precision and exactitude. The demonstration of the correlation of the sciences may be accepted as a marked step in that direction. Until, however, such fact is determined, the science and the art must continue to go hand in hand.

Science has been defined to be a collection of theories: art, a body of rules. Art, unrestrained by science, is empirical, doubtful, vacillating. Science, unrestrained by art, is speculative and theoretical; combined, they are steady, certain, and progressive.

science discovers; art determines and applies. What you most need, then, gentlemen, in entering upon the new sphere of life upon which you are about to embark, is to cultivate habitually the habit of close observation. Study symptoms, in whatever form they present themselves. Remember that it is symptoms, and not diseases, that you will be called upon to treat, as scientific men. Do not forget that medicine is a progressive science. Endeavor constantly to bring your advanced knowledge of physiology and pathology to bear upon your treatment of disease. Do not neglect past experience; but by correct observation, and with all the aids which modern science has given us, investigate for yourselves both the nature and causes of disease, and the action of remedies. A great field for investigation is here open before you. Never lose sight of the important fact that you still are, and must be, medical students, if you would rise to eminence in your profession; and that the ultimate object of your studies is, to acquire skill in the employment of all known and discoverable means to relieve suffering, cure disease and prolong life. Strive to appreciate properly the importance of theory in its bearings on practice. Never forget that medical art should ever be founded on science, as the only guarantee of its correctness and endurance, and as the only means of its future advancement. It is an utter impossibility that sound practice can ever be based on false theory. Look ever to anatomy, physiology and pathology, as the only foundation for a scientific system of medicine, and rational practice. Follow ever the legitimate path of improvement, to which reason and experience invite you. Act well your parts in the great drama of life. Aim high in your profession. Strive for eminence. Seek ever the approval of your own conscience, of your God, and of your fellow men, and your efforts will not be wholly in vain.

And now, gentlemen, in severing the pleasant relations that for months have existed between us, unmarred by a single unpleasant incident, in the name of the faculty I wish you God speed in your profession, and sincerely hope that you may do honor, both to yourselves and to the institution that sends you forth. Farewell.

TRICHINA SPIRALIS.

BY ETIENNE GOUJON.

Translated from *L'Evenement Medical*, by Dr. EMILE CREPIN, Assistant Surgeon, City Hospital, St. Louis, Mo.

(Continued from Vol. I., Page 331.)

It is a matter deserving of particular mention that the remains of the animals experimented upon were most carefully and completely destroyed; it would therefore be unjust to accuse us of contaminating other animals, should any be found affected in a like manner. In order to follow the different features of the development of the trichina, which, as is well known, requires the period of twenty-five days, we gave to twenty young rats small quantities of flesh, obtained from the animals before mentioned, with the design of sacrificing one every day, but the most of them, having taken too large a quantity, had a violent enteritis, resulting from irritation of the intestinal mucous membrane, and only seven survived. We had thought to observe by these experiments the passage of the young trichinæ from the intestines to the muscles, and now had only this number remaining for this purpose. I will not dilate upon the phenomena that we observed which relate to the growth of the procreative organs of the male and female—the different periods at which they appear, etc.—these facts being only confirmatory of those already observed in Germany.

April 10th. Twenty-four hours after the ingestion of trichinous flesh. Pathological appearance,—great number of encysted trichinæ in the stomach—a great many of the cysts are completely isolated, and float in the gastric juice: some are free in the intestines, but do not, as yet, present any particular features, except that they move with considerable energy, and that it is now easy to study their motion. Some are found in the excrementitious matter, where they all seem to be dead.

April 11th. Second rat. We find some trichinæ, but not so many that are encysted—they are all free in the intestines, where they are found to be remarkably enlarged. We observe already a beginning of segmentation in the body of the female, and it is easy to distinguish very clearly the organs of generation in the male and female. Those that are found in the large intestine are dead; its secretion seems to have an injurious effect upon them.

April 12th. Third rat. A few cysts are still found in the stomach. Segmentations more evident in the bodies of the females, which are at least double in size; those that are found in the large intestines are also dead.

April 13th. Fourth rat. Bodies of the females filled with germs.—The vulva, which until now could hardly be seen, has become very apparent, and is found to be very near the head, whilst the anus is seen at the caudal extremity. It is extremely easy to distinguish the males from the females; the former are about one-third smaller, and one of their extremities is terminated by two prolongations which are nothing else than their copulative organs. They are generally less in number than the females—being counted in proportion of about one to eight. They all possess great energy, and resist for a long time the action of the most powerful re-agents. It is owing to this fact that they will live for twenty-four hours in a solution of chromic acid.

April 14th. Fifth rat. All the signs previously noted are observed—the females are further increased in size, while the males have not become any larger.

April 15th. Sixth rat. A very large quantity of little trichinæ float in the intestinal fluid, moving with great energy. Their form is different from that of their progenitors, having one swelled extremity and the other extremely fine, being very similar in form to tad poles, or human spermatozoa, except that in trichinæ the transition from the enlarged to the pointed extremity is more gradual, and is not so well marked.

[These were most probably cysticircus cellulosæ, a description and engraving of which is found in Baumgartner's General Pathology, and which apparently result like trichinæ, from the use of pork.—ED.]

We now examine the blood, but are unable to find an animal analogous to the trichinæ. This is not the case in examining the different regions of the peritoneum; here are found large quantities disseminated at all points, especially in the layer covering the intestinal tract. Their presence is not detected in the muscles, and the stomach does not contain them, but they are found in considerable numbers in the excrementitious matter and in the large intestine, but do not appear to be alive.

April 16th. Seventh rat. In this is also found a large number in the peritoneum, but as before it is impossible to detect any in the blood. A few have already passed into the muscles, where they do not seem to be stationary, but can be seen passing between the muscular fibres over different parts of the preparation. Having once reached the muscular tissue, we know that they remain from fifteen to twenty days in the free state, and that after this time they become encysted and remain there stationary, simply as so much foreign matter, without causing any great functional disturbance. This we know from having had in our care animals that had been infested for nearly two years, that did not seem to be incommoded at all.

After these experiments we are very little disposed to admit that the blood is the vehicle that carries the trichinæ from the intestinal tract into the muscles; we would rather believe that, owing to their small size, they pass with great facility between the fibres of the intestinal coats, and dispose themselves afterwards through every part of the economy.

It is erroneous to suppose that some animals, such as birds, reptiles, and the dog are not subject and liable to trichiniasis, and to establish this we proceeded in the following manner:

A piece of the intestine of a rat which had eaten trichinæ five days previously, was tied at the extremities, and given to a young dog that by this means was perfectly infested; the number, however, was small, as his muscles had only been invaded by the quantity swallowed with the intestine.

One succeeds equally in infecting the salamander or animals said to be cold blooded, but only in a certain season of the year, the summer. The natural temperature of these being a very

little greater than that of the atmosphere in which they live, no opportunity is afforded for the operation of the infection during the winter, unless they are subjected to artificial temperature of from 25° to 30° centigrade.

Such animals are fortunate enough to get completely rid of the trichinæ as soon as the cold weather sets in; if they are left under the influence of the ordinary atmosphere of the season, the trichinæ always perish and are in a great measure eliminated. They pass from the mammiferous to the cold blooded animals without undergoing any apparent modification, and after having remained in the muscles of the salamander, can again infect the warm blooded animals. It was in this way that Legros, who was the first to show that reptiles contract the disease, infected a rat with some flesh of a salamander that contained trichinæ.

In order to ascertain the vital resistance these possess, flesh containing them was placed under certain conditions. A portion was placed in a damp location where it rapidly underwent putrefaction, and after thirteen days the trichinæ it contained were still alive, while they had been dead a long time in another portion of the same meat that had been desiccated. Two portions of muscle, both from the same animal, the one desiccated, and the other putrefied, were given each to a different rat of the same size under the same conditions; in twenty-five days both were examined, and only the one that had eaten the putrified tissue was found to be infected.

We also gave to several rats excrementitious matter, taken from the animals in which trichinæ had existed, but without producing the infection of any. We infer from this experience, that animals such as habitually eat the excrement of other animals, run no risk of becoming infected.

We also gave infected tissues to animals that were pregnant, in order to ascertain whether they could, in this manner, be transmitted to the young, but the mother alone was infected.

It is without any very certain proofs that the opinion is entertained, and has been reported to the medical academy, that no trichinæ could be found in those rats that are found in the sewers of Paris. During the last month we had the opportunity

of examining thirty-two, and out of that number found three that contained a very great number of trichinæ. In two they were encysted, and in the third they were free.

These animals were presented to the Biological Society, and were the subject of serious examination by some learned members of that society, who have no further doubt about the reality of the statement above made.

FINALE.

From April 7th to July 4th, 1866, we have examined regularly every human corpse that could be placed at our disposal, so that during the three months 267 human bodies have undergone investigation by us, and we have not been able in a single case to detect trichinæ. It cannot certainly be objected, that the subjects brought each day to the amphitheatre do not eat pork meat; on the contrary they consume an extremely large proportion of it.

We believe that the cause of these results must be looked for in the different preparations that these meats undergo before they are eaten, and especially in the cooking of them. It is generally known that the trichinæ infallibly perish when subjected to a temperature of 70° to 80° centigrade.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by A. J. STEELE, M. D., Recording Secretary.

SUPPURATIVE INFLAMMATION OF THE LIVER.

Dr. Alleyne exhibited a pathological specimen of suppurative inflammation of the liver, stating that it was consequent on an attack of dysentery occurring some six months previous.

The tumor had been very prominent in the epigastric region, implicating the entire left and a portion of the right lobe of the

liver; several days before death fluctuation could be determined, but it was not deemed best to resort to surgical interference, on account of the anæmic and broken down condition of the patient. Post-mortem examination showed that rupture had not taken place, and that the fluid contents of the tumor consisted of thirty-six ounces of clear pus.

Dr. A. remarked that dysentery and hepatitis were frequently related as cause and effect in our climate; in fact that hepatitis might occasionally result from an inflammation of any part of the intestinal tract.

Dr. Walters paid a just tribute to Virchow, whose researches in pathology had enabled us to comprehend the philosophy of the disease in such cases as had just been presented, namely: its dependence, nearly always, on the transmission of emboli through the portal circulation to the liver. He did not think that it was ever dependent on disease of Peyer's glands, on account of the minute size of the capillary vessels; believed that wherever hemorrhage occurred in the intestinal tract there an embolus might enter the capillary veins and take lodgment finally in the liver.

Dr. Kueckelhan thought the disease under discussion was quite as often idiopathic in its nature, and reminded the society that in the case presented a very thorough autopsy *cadaverica* had not been made.

Dr. Maughs said that nothing was more common in hot countries than to find the condition of turgescence, hyperæmia, engorgement or passive congestion of the liver followed by abscess, and that when dysentery preceded this it should be considered a coincidence rather than having a relation of cause and effect, the latter not having been observed sufficiently often to make it a rule.

Dr. Hammer remarked that the abscess might have arisen from idiopathic parenchymatous inflammation of the organ, however such would have been an extreme case; an embolus might either have been formed in the venous capillaries in consequence of an infiltration of the structures surrounding them, or have entered the circulation in consequence of deep ulceration and erosion of the walls of the vessels; he also stated that an em-

bolus having entered the vena cava inferior, an infarction of the lungs might occur.

Dr. Spiegelhalter considered that the disease might be either idiopathic or consequent upon the transmission of emboli, and related a case which had been idiopathic.

Dr. Lingenfelder remarked that inflammation of the liver of this character was most frequently secondary, and not idiopathic, and that this had been established by careful dissections.

MELANOTIC CYSTO-SARCOMA OF THE MAMMARY GLAND.

Dr. Hammer presented a specimen of mammary tumor,—a melanotic cysto-sarcoma—which he had removed some time since. The history of the case was as follows :

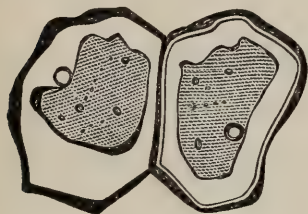
The patient, a female, now over fifty years of age, had been married at twenty-one: within twelve months gave birth to a child, after which, suffered a miscarriage succeeded by irregular menstruation for nearly three years. The tumor made its appearance shortly after her confinement, and gradually increased in size until it was nearly equal in bulk to a walnut, then remained stationary until her fiftieth year, being all the time pretty movable; its growth was then quite rapid up to the time of operation, when it was the size of two fists.

A section through the tumor exposed to view a great number of little cysts, nearly collapsed and containing a thin yellowish fluid. A few of these cysts were larger than the others, varying from the size of a pea to that of a small hazel-nut. The interstitial tissue was very abundant; firm, solid, highly elastic, and of a whitish-yellow color. The cysts had undoubtedly been formed by a stretching or dilation of the acini or lobules of the mammary gland, the larger ones having resulted from the coalescence of two or more smaller ones.

Microscopic examination revealed the characteristic sarcomatous element—elongated nucliated cells with others of more roundish form; and the cysts were lined with epithelium, proving their identity with the normal elements of the mammary gland. It was further shown that the collapse of these cysts, in shape

sinuous, elongated and irregular, was owing to the gradual increase and proliferation of the interstitial tissue.

Within the tumor near its base was found a dark lobulated mass—apparently vascular, simulating an extravasation of blood—connected with it by a varicose constricted portion upon its under surface; it looked exactly as though a cock's comb had been transplanted upon a foreign surface. A section and careful microscopic examination showed it to be, not extravasated blood, but that its substance was much harder than other portions of the tumor, presenting the appearance of soft cartilage, and containing cells very similar to the vegetable or cartilage cells, with a secondary membrane, as will be seen by the accompanying microscopic diagram. It is strange that only the secondary membrane was impregnated with the coloring matter or melanine. The dark appearance of this part of the tumor was due solely to the presence of melanine in the secondary membrane of the cells.



Cells found in a Cysto-sarcoma,
partly melanotic.

Dr. H. remarked that at first he had supposed this melanotic deposit had been the result of external injury, inasmuch as the patient stated that she remembered to have received slight bruises on the breast, but a careful examination of the patient induced him to change his opinion, and adopt the view that the partial melanotic condition of the sarcoma was due to a melanotic diathesis or predisposition, for he discovered, on different portions of the skin, wart-like excrescences, in size equal to a ten cent piece, completely darkened, proving their melanotic matter.

The operation for the removal of the tumor had proved entirely successful, as a number of months had elapsed, and there had been no return.

Dr. Watters participated in the discussion, and in summing up his remarks entirely agreed with Dr. Hammer.

THE YOUNG MEN'S MEDICAL ASSOCIATION OF SAINT LOUIS.

A. J. STEELE, RECORDING SECRETARY.

This society, organized just one year since, has been and is now in successful operation. The present incumbent officers are:—President, E. E. Coleman; Vice-President, W. B. Outen; Recording Secretary, A. J. Steele; Corresponding Secretary, G. H. Blickhahn; Treasurer, Wm. Niehaus; Curator, J. W. Youngblood.

The members present at the meetings and most active in the proceedings, have within the past month been Drs. Anderson, Blickhahn, Bond, Coleman, Grissom, Guhman, Hall, Kingsley, McDowell, Niehaus, Outen, Pallen, Rooney, Steele, Watters, Whipple, and Youngblood.

The following are a few of the subjects that have been discussed:—Mercury, its uses and abuses; Delirium tremens; the Causes of the large Mortality existing among Children; the Reliance to be placed on Statistics in Medicine; Alimentation in disease; Bleeding as a curative measure in apoplexy and cerebral hæmorrhage; the Atomizer; Bright's kidney; What is zymosis? the so-called Typhoid Fever of the Mississippi Valley; Inflammation; Sciatica; Gonorrhœa, and Cholera Morbus.

The meetings are held on Thursday evening of each week at the hall of the "Arion des Westens;" a very creditable degree of interest is usually manifested in the discussion of the various subjects brought before the Society, and if the meetings continue to be as well attended for the ensuing year as they have been during the past twelve months, the association bids fair to become a formidable rival of the St. Louis Medical Society, and a powerful lever for the promotion of scientific medicine.

TRANSACTIONS OF THE STATE MEDICAL ASSOCIATION OF MISSOURI.

HELD AT ST. LOUIS, APRIL 21, 1868.

Reported by R. S. Anderson, M. D., Recording Secretary.

The annual meeting of the Association was held in the Polytechnic Hall at 12 M. on Tuesday the 21st of April.

In the absence of the President, Dr. Wood, of Kansas City, the meeting was called to order by Dr. W. B. Morris of Bridgeton, one of the Vice-Presidents.

The Committee of Arrangements and Credentials not being ready to report, the Association then adjourned until 3 o'clock P. M.

AFTERNOON SESSION.

Dr. Morris in the Chair.

The difficulty of satisfactorily transacting the business of the Association under the Constitution adopted at the last meeting gave rise to considerable discussion, during which the following resolution was introduced by Dr. M. A. Pallen.

WHEREAS, the working of the Association is impaired by Sections 1, 2, 3 and 5 of Article II of the Constitution; therefore,

RESOLVED, that said sections be hereby declared inoperative for this meeting, and be it also resolved that members be received as they were at the meeting held in December last in this city; and be it

RESOLVED, that a committee of three be appointed to substitute such changes as may be deemed necessary in said Sections, whereby the distinctions of membership be rendered less stringent, and that said Committee report at this meeting in order that its report may lie over for one year as the Constitution directs.

This resolution was not adopted, whereupon

The Committee of Arrangements offered a partial report, after

which, on motion of Dr. Hammer, the Association proceeded to business.

The retiring Treasurer, Dr. Kennard, reported that 127 members had signed the register at the last meeting; of these 119 had paid their dues, amounting to \$357; of this \$156.76 had been expended, leaving a balance in the treasury of \$200.24.

The report was accepted, and the amount handed over to the succeeding Treasurer.

The Committee on Publication presented no report.

The report of the Committee on the Memorial to the Legislature being called for, Dr. Hammer, Chairman, said that the Committee had fulfilled the wishes of the Association, and had prepared a memorial, which was presented to the Legislature at its last session.

He had been since informed by a member of that body, that the memorial had been referred to a committee of so-called medical men, who, being inimical to the measure, delayed reporting until the last hours of the session, and then reported that they did not consider that the prepared memoir met the wishes of the majority of the physicians of the State, and it was therefore lost.

The Association now adjourned to 7½ P. M.

EVENING SESSION.

The Association came to order at 7½ P. M. Dr. Morris in the Chair.

As the provisions of the Constitution under which the Association was organized, disfranchised all members but delegates from local societies, and as but a comparatively small number of these were present, and the action of the Association thus impeded, on motion of Dr. Dudley the Association adjourned *sine die*, in order to sit as a Convention and frame a new constitution. Dr. Morris was elected Temporary Chairman, and Dr. Anderson, Recording Secretary.

On motion of Dr. M. A. Pallen, a committee of five, Drs. Pallen, Montgomery, Briggs, Dudley and Spencer, were appointed to draft a Constitution and By-Laws for the State Med-

ical Association of Missouri, and report at 10 A. M. the following morning.

On motion of Dr. Montgomery the Convention now resolved itself into the Association and proceeded to the transaction of regular business.

Dr. Green, Chairman of the Committee on Scientific Communications, reported the following as ready for delivery:

Dr. M. A. Pallen.—Fœticide, or Criminal Abortion.

Dr. A. Hammer.—Statistics of fifty-one “amputations in continuity.”

Dr. W. B. Outen.—The Relation between Scrofulosis and Mental Diseases.

Dr. G. M. B. Maughs.—Advance in the knowledge of Diseases of Women during the last twenty-five years.

Dr. J. T. Hodgen.—Exhibition of improved Wire Splints and Suspension Apparatus for the treatment of fractures of the arm, thigh and leg.

Dr. E. A. Clark.—Exhibition of improved Suspension Apparatus applied to Dr. Hodgen's Splint; improved Splint for treatment of fracture of the leg, and a new Apparatus for treatment of fracture of the olecranon.

Dr. J. Green.—On Obstructions of the Lacrymal Duct.

The paper of Dr. M. A. Pallen, On Criminal Abortion, was then read.

It contained statistics showing the frightful prevalence of this crime over the civilized world, especially in America, demonstrating that our own city was but little behind those in the East in its performance, and giving the results of latest calculations in the different sections of the country. He pronounced it to be the national crime, and stated that in his own practice he had traced at least 15 per cent of uterine disease to this cause. An able review of the legislation of all civilized countries on the subject was given, and legal, clerical and medical authorities were called on to suppress its alarming increase.

Dr. Hammer made a verbal report of the statistics of fifty-one “amputations in continuity” performed by him. He was induced to do this by the discussions at the late International Convention,

in Paris, in which the lowest mortality claimed was 15 per cent, and the highest 22 per cent. This induced him to give the results of fifty-one successive amputations occurring in his own practice. Of these, thirteen were of the thigh,—eight primary, five secondary; fifteen of the leg,—eleven primary, four secondary; nine of the arm,—six primary, three secondary; fourteen of the fore-arm,—nine primary, five secondary. In regard to the side on which they occurred, twenty-six were on the right, twenty-five on the left; thirty-four were primary, seventeen secondary. Of these, two terminated fatally—the forty-ninth and fiftieth cases, making not quite 4 per cent. Dr. Hammer then proceeded to detail some of the most interesting cases. They all were operated upon by circular method, which he preferred under all circumstances.

The Association then adjourned to 10 A. M.

SECOND DAY.—MORNING SESSION.

The Convention met at 10 A. M. Dr. Morris in the Chair.

Dr. M. A. Pallen from Committee on Constitution and By-Laws reported a Constitution which was then read, voted upon by Sections, and adopted as a whole, with some amendments to the original as reported.

The main differences between this Constitution and that adopted at the last meeting are as follows:

The qualifications for membership (Art. II, Sec. I).—Every graduate of a regular medical college, residing in this State, who conforms to the requirements of the American Medical Association, shows his diploma or gives sufficient evidence of qualifications, signs the Constitution, and pays the fees shall be considered a member and entitled to all privileges.

2. The place of meeting, instead of being fixed at St. Louis, is left to the vote of the majority of the members present at each previous meeting.

3. The time is changed from the third to the fourth Tuesday in April.

4. Committees on Credentials and Medical Ethics are created, to be elected by the Association.

5. The officers are elected at the beginning of the session

during which they serve, instead of at the close of the preceding session.

Dr. W. B. Morris, acting President, was then elected President of the Association under its new organization, and Dr. G. Hunt elected to fill the vacant Vice-Presidency thus created. All other officers elected at the last meeting of the Association were re-elected under the new Constitution.

The officers of the Association and members of committees under the present organization are as follows.

President.—Dr. W. B. Morris, of Bridgeton.

Vice-Presidents.—Dr. M. A. Pallen, St. Louis; Dr. B. J. Birch, Franklin Co; Dr. W. H. Cooper, St. Louis; Dr. J. R. Washington, St. Louis, and Dr. G. Hurt, St. Louis.

Committee on Medical Education.—Drs. Hunt, Leete, Dudley, J. M. Scott and Prewitt.

Committee on Scientific Communications.—Drs. Clemens, Green, Shumard, Dean and Watters.

Committee on Publication.—Drs. Hammer, Maughs, and Baumgartin.

Committee of Arrangements,—Drs. Montgomery, Marshall, McPheters, Youngblood, and Washington.

Treasurer.—Dr. E. S. Lemoine.

Recording Secretary.—Dr. R. S. Anderson.

Corresponding Secretary.—Dr. Chas. E. Briggs.

The Secretary was authorized to purchase a book for the preservation of the records of the Society.

Adjourned to 3 P. M.

AFTERNOON SESSION.

The Association met at 3 P. M. Dr. Morris in the Chair.

On motion, the regular order of business was suspended, in order to receive the report of the Committee on Medical Education.

This report was then read by Dr. Hurt, Chairman of the Committee, as follows:

MR. PRESIDENT: The Committee to whom was referred the subject of Medical Education have considered briefly the matters

which they conceived to be within the scope of their duties, and beg leave to submit the following report :

There are three Medical Colleges within the State, all located in the city of St. Louis, viz :

The Missouri Medical College, the St. Louis Medical College and the Humboldt Medical College.

The course of instruction, and practical requirements for graduation, and the modes of examination for conferring the degrees, are nearly identical in the two first named. In each the labor of teaching is divided between seven or eight Professors and a Demonstrator of anatomy.

The time occupied by a course of lectures is about five months, and the teaching is limited to one course in each year.

The branches taught are :

1. Principles and Practice of Medicine.
2. Chemistry and Pharmacy.
3. Principles and Practice of Surgery and Clinical Surgery.
4. Obstetrics, and Diseases of Women and Children.
5. General, Descriptive and Surgical Anatomy.
6. Clinical Medicine and Pathological Anatomy.
7. Physiology, and Medical Jurisprudence.
8. *Materia Medicæ* and Therapeutics.

The following are, in the main, the requisites for the degree of Doctor of Medicine.

“1. That the candidate be twenty-one years of age, of good moral character, and have been engaged in the study of Medicine for three years (courses of lectures included).

2. That he shall have attended two full courses of lectures in this institution. Attendance on a regular course in some respectable and generally accredited medical school, or four years of reputable practice, will however be considered as equivalent to one of the courses above specified. The Dissecting Ticket must also have been taken at least one session in this or some other school. He must also have followed the practice of a Hospital.

3. That he shall undergo a satisfactory examination on all the branches taught in this College, and write an acceptable Thesis,

either in the English, Latin, French, or German language, on some subject connected with medicine.

4. That he, by the first of February, notify the Dean, in writing, of his intention to become a candidate, and deliver to him his Thesis and graduating fee; both of which will be returned in case of withdrawal or rejection."

The Humboldt College has two sessions yearly. The long session commencing in September, continues during seven months. The short or summer session commencing in April, continues two months.

During the long session the instruction is divided into two courses, and adapted to the wants of the Students, who are classed, according to their advancement, as Juniors and Seniors.

The labor of teaching is divided among ten Professors, two Adjunct Professors, and a Demonstrator of Anatomy.

This School aims at a reform in medical education by lengthening the lecture term so that the student, by having a less number of lectures to attend each day, may the better avail himself of the instructions given; by classifying the students as Juniors and Seniors, and by adapting the branches taught to these classes to their several wants,—giving first the simpler, and afterwards the more complex—and by so dividing the labor of teaching that there may be a more extended and thorough presentation of all the subjects taught.

The resources for clinical instruction at the command of these colleges are about the same to each.

The number of students in attendance upon the last course of lectures was respectively as follows:—In the Missouri College, one hundred and two—graduated, twenty-seven; St. Louis College, one hundred and twenty—graduated, forty-six; Humboldt College, twenty-eight—graduated, four.

Your Committee beg leave to report further, that while they are not disposed to criticise unjustly the course of instruction pursued by these schools, yet they would suggest to the Association, and through it to the faculties of the different colleges, the propriety of a further division of the chairs, and the creation of a new chair, viz: to divide the chair of Obstetrics and Diseases

of Women and Children, so that, continuing the chair of Obstetrics, that of gynecology be added.

The reasons which induce the Committee to make this recommendation, are the well known fact that nearly two-thirds of the course is usually devoted by the Professor of Obstetrics and Diseases of Women and Children, to the discussion of the first branch—that of Obstetrics—and hence, but a short time remains to be devoted to the diseases of women, and still less to those of childhood.

This your Committee feel satisfied should not be the case, as the great advancement which has been made of late years in the science of gynecology renders it impossible for one man to teach both it and that of obstetrics, in the short space of a five or six months course of lectures, and do justice to his own reputation as a teacher, and to those who are in attendance on his instructions. Hence we would suggest the chair of gynecology to be devoted to the scientific diagnosis and treatment of the diseases of women.

Another chair which your Committee would suggest as of great importance is that of ophthalmology.

This may seem to some, a great innovation on the former method of teaching, which we admit, and would answer that old things are passing away and new ones taking their places, and the diagnosis and treatment of the diseases of the eye are of such increasing importance that a chair devoted to a thorough investigation of its minute anatomy and diseases is demanded by the wants of the profession.

Your Committee would further state, that they are of the opinion that the whole system of medical education in the United States is more or less defective, and that whatever strictures they may indulge in in reference to the schools of this State apply with equal force to those elsewhere; and while the Constitution makes it more especially their province to report upon the state of medical education in Missouri, and while this must, in great measure, limit their remarks to the schools of this State, they wish at the same time to set forth, in as strong terms as possible, that a reform cannot be inaugurated and sustained in the schools in

Missouri, without the co-operation of the schools throughout the United States. To this end your Committee would urge that this Association instruct their delegates to the National Medical Association, to press upon the attention of that body the renewed consideration of the whole subject; and also that the Corresponding Secretary be instructed to communicate with other State medical associations, and solicit their co-operation in this much needed reform.

The Committee would avail themselves of the occasion to remark further, that looking to the future good standing and usefulness of the profession, a grave duty devolves upon those members of the profession who take into their offices students of medicine. Their obligations to the profession and to the community demand, that when a young man applies for advice and counsel as to the propriety of adopting medicine as a vocation, they should consider not only the desirableness of medicine as a profession, but especially the fitness of the applicant for the high and responsible duties devolving upon the physician. They should feel it incumbent upon them to consider the moral and intellectual attainments of the applicant, and if these be not in accordance with the high standard which is believed to be necessary to fit one for the vocation of the physician, they should discourage his entering upon the study of medicine at all. But when the preceptor has received the student, and the period has arrived for him to select the school which he shall attend, he should feel it his duty to advise him to attend, not upon that school where a diploma may be obtained with the greatest facility and with the lowest grade of attainments, but where the standard of acquirements is placed highest.

In conclusion, the Committee would respectfully suggest that the best interests of the medical schools and the profession in our State, imperatively demand that the clinical material at the command of the several faculties shall be so utilized as to furnish students of medicine equal advantages for didactic and clinical instruction. The best schools of New York and Philadelphia and other eastern cities, are fully alive to the importance of such a combination, and lose no opportunity to add to their educational

schemes greater attractions for the earnest seekers after real excellence in the science and art of medicine.

G. HUNT, J. M. LEETE, J. M. SCOTT, T. F. PREWITT, G. F. DUDLEY,	}	<i>Committee.</i>
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Dr. Hodgen stated that he considered that injustice had been done to the St. Louis Medical College by the Committee, in that they had reported that the clinical advantages of the three medical schools of the city were about equal, while this college, besides having its proportion of clinics at the City Hospital, had also three clinics each week at the Sister's Hospital, from which institution the others were excluded.

Dr. Hammer stated that the recommendations of the Committee that additional chairs of Gynecology and Ophthalmology be established in the schools did not apply to the Humboldt Medical College, as these chairs were already in existence in that institution, and that it also had a chair of Pathological Anatomy.

Dr. Whitehill remarked that the Humboldt Medical College also had daily clinics in the college building.

The Members of the Committee stated that no injustice had been done intentionally to any of the schools, and that they had been guided entirely by the published catalogues.

Remarks on the report were then made by Drs. Johnson, Hodgen, Whitehill and others, after which it was received and referred to the Committee on Publication, and made the special order of business for the evening session.

Dr. Outten then read a paper On the Relation between Scrofulosis and Mental Diseases, advocating the theory that there was an intimate relation of cause and effect between them; that congenital insanity, idiocy, and different forms of mental imbecility were intimately associated with the inheritance of a scrofulous diathesis, and that the mental aberrations developed during life were more or less traceable to the same cause. In support of his theory, he quoted largely from the statistics of various observers in this class of affections.

Dr. Maughs read a paper On the Improvement in the Knowledge of the Diseases of Women within the last Twenty-five Years, in which he detailed the improvements in uterine diagnosis, laying particular stress upon the speculum, sponge tent and uterine sound, and stated that the immense progress in this branch of medicine was due to the introduction and popular use of these instruments. He eulogized the genius of J. Marion Sims, and spoke in complimentary terms of his incomplete monograph on some of the Diseases of Women requiring Surgical Interference. He, however, warned the younger members of the profession against being carried away with these innovations, and condemned the growing disposition to localize the treatment of uterine diseases, to the exclusion of constitutional remedies.

He was answered briefly by Dr. M. A. Pallen, after which the Association adjourned until 7½ o'clock in the evening.

· EVENING SESSION ·

The Association met pursuant to adjournment, and was called to order by Vice President Dr. J. R. Washington.

Dr. J. T. Hodgen exhibited to the Association a wire splint for the treatment of compound and comminuted fractures of the arm and fore-arm, and also a modification and improvement of the wire splint of Dr. N. R. Smith, of Baltimore, for the treatment of fractures of the leg and thigh, with an apparatus consisting of cords and pulleys, for the suspension of the splints from the ceiling, thereby accomplishing the necessary extension, and also allowing both longitudinal, lateral, and even (to some extent) rotary motion by the patient, without displacement of the fracture. He gave a brief description of the entire apparatus and its application, and explained its practical advantages.

Dr. E. A. Clark exhibited a suspension apparatus for use with Dr. Hodgen's splint, consisting of an iron frame or cradle, in which the limb is suspended by cords and pulleys, and the extension made by the sand-bag, for which he claims the advantage of a greater uniformity of extension, at the same time allowing longitudinal, lateral and rotary motion to the patient.

He also exhibited, on the patient, a new apparatus for the

treatment of fractures of the leg, both simple and compound, in which extension and counter-extension are made by adhesive straps applied to the leg and splint, and regulated by a cylinder, around which the one end of the extending straps is wound. The cylinder is turned by means of an ordinary clock-key, and retained in position by a small ratchet-wheel. He claims that this apparatus allows the patient to move about, and, to some extent, to use the limb, almost immediately after the fracture has been dressed, and, to a great extent, dispenses with the necessity of confinement to bed. When confined to bed, the limb may be suspended in the cradle or frame before referred to.

[This is the apparatus described and illustrated in No. 5, Vol. I, of the ARCHIVES.—ED.]

He also exhibited, and demonstrated the application of a new apparatus for treatment of fractures of the olecranon, consisting of an angular splint, applied to the anterior part of the arm and fore-arm, and a circular band above the elbow, attached to a glove upon the corresponding hand by two straps, by means of which the fractured portions of the bone are held in apposition.

On invitation, Mr. Vaughn, of St. Louis, exhibited to the Association an artificial leg of his invention and manufacture, and explained its mechanism, comparing it in detail with those of Drs. Palmer and Bly.

On motion, it was unanimously resolved that the Association had listened with pleasure to the remarks of Mr. Vaughn, explanatory of the mechanism of his artificial leg, and after examination pronounce it very valuable, durable and easy of repair.

Dr. Green then made some remarks on the treatment of obstructions of the lacrymal duct and sac, and presented a communication on the subject, which, like the papers previously read, was referred to the Committee on Publication.

Dr. Maughs moved that the report of the Committee on Medical Education be adopted.

This was discussed by Drs. Hammer, Johnson, Maughs, Marshall, J. M. Scott, Hurt, Hodgen, Whitehill and others, after which it was adopted.

The following resolution was offered by Dr. Whitehill, and adopted:

RESOLVED, that the Medical Association of the State of Missouri fully endorses and heartily approves the action of the Medical Teachers' Convention held at Cincinnati in May 1867, and earnestly recommends that the reform proposed by that body should be uniformly and immediately adopted by all medical schools and colleges throughout the United States.

The following standing committees were then elected:

Committee on Medical Education.—Drs. McPheters, Montgomery and Johnson.

Committee on Scientific Communications.—Drs. Marshall, Maughs and Watters.

Committee on Publications.—Drs. Whitehill, Baumgarten and Alleyne.

Committee on Medical Ethics.—Drs. Leete, Prewitt and Kennard.

Committee on Credentials.—Drs. M. A. Pallen, Hodgen, and Smith, of St. Joseph.

Committee of Arrangements.—Drs. G. Barnes, Outten and Washington.

On motion, it was resolved that the Association meet at St. Louis on the fourth Tuesday of April, 1869.

The following members were appointed delegates to the American Medical Association, to be held in Washington City, May 5th, 1868:

Drs. J. B. Johnson, E. S. Lemoine, J. M. Scott, Thos. Kennard, Wm. McN. Russell, J. L. Whipple, W. B. Outten, G. Hurt, E. E. Coleman, and Drs. Forsee and Smith of St. Joseph.

On motion the Committee on the Memorial to the Legislature was continued, with instructions to continue its exertions towards securing the proposed legislation and report at the next annual meeting of the Association.

On motion, the Association now adjourned to meet at St. Louis on the fourth Tuesday of April, 1869.

ORIGINAL LECTURES.

NINTH LECTURE ON PATHOLOGICAL ANATOMY.

By A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

GENTLEMEN: We have now finished what we proposed to say in regard to histology. You must not suppose that all has been told you; on the contrary a mere outline of the subject has been given. But more than the time allotted to this division of the subject has already expired, and all has been said that is absolutely necessary to the comprehension of the principal processes occurring in pathological anatomy.

Before commencing the second division of our subject it is proper to make a few general remarks: If we look upon the organism as a whole we observe three different stages of metamorphosis; 1st, development; 2nd, growth; 3rd, nutrition. A fourth stage might also be admitted, composing that of involution. This process, however, is not distinct from the others in regard to time, but goes on both during nutrition and growth, being a certain degenerative change taking place not only in regard to ultimate parts, but also to entire organs.

How do these stages differ? Development consists in the process by which, out of an almost uniform structure of embryonic cells, the organism is elaborated. A qualitative change takes place in the elements, by which, in accordance with a uniform law, out of a common material, the different organs and tissues of the body are formed. How does this differ from growth? The latter may be called a quantitative change, in which, the differentiation of the uniform matter being already accomplished, there only occurs an increase in the number and size of the elements. After the organism has reached a certain point it

remains constant, growth ceases and the simple nutritive stage proceeds. This continues in a regular form up to a certain time—in man to about the fiftieth year. This point is variable in different persons, being dependent on individual peculiarities. It occurs generally earlier in women than in men. The stage of involution then succeeds. This is merely a diversion from the regular process of nutrition, which still continues in a certain degree, but so changed that the bulk of each individual unit in the body gradually decreases. It is also called atrophy of old age, senile marasmus, involutional atrophy, &c. This does not invade the system only during the stage of decline, but occurs even at birth, when a certain number of organs enter upon this process. These are the Wolffian bodies, the Thymus gland, &c,

We have now to occupy ourselves with the question “what is nutrition?” You will remember that we have primarily stated that no function is possible without a waste or disintegration of the organism. We have said that force was only a change of form of matter. Function is a manifestation of matter, a waste of substance. The repair of this waste, the restoration of the equilibrium of the system, is nutrition. We shall see further that the body is never without function, even in sleep, therefore repair never ceases.

How is this nutrition mediated? Substances are taken from the outer world into the stomach, thence through the chylo-poetic viscera and glandular organs into the vascular system, to the capillaries, through which they transude, being attracted by the cells, which appropriate them to their own substance. In this particular process the cells act independently for themselves, it being not merely a mere bathing of the cells in a transuded fluid, but an active process, an act of affinity. As function involves waste, there are certain principles in the elements which are disintegrated. These then penetrate the lymphatics and veins, enter the circulation, are conveyed to certain eliminating organs by which they are excreted from the system. We thus see that circulation is eminently necessary to our organism. Some lower orders of animals consist of a single cell and live without a circulation, being merely bathed in a fluid. The important fact to be

remembered in this connection is that the cell action is an independent one.

There are certain other things connected with nutrition of which it is necessary to speak. We have said that function never ceases, is continuous, and that all functions are mutually dependent on each other. We have, therefore, a constant disintegration and repair. Now another question of great importance is, in what manner does this disintegration and repair go on? On the external cutaneous surface, and on the mucous membranes, and in some of the glands the process is visible. The epidermic cells are destroyed by desiccation. In certain glands, the mammary for instance, the cells perish by becoming infiltrated by fat and bursting. In other tissues we do not well understand the process. Formerly the blood was looked upon as one of the most stable of the tissues, but we now know that it is the most changeable, being constantly modified by supply and waste. But wherein these changes consist we do not know. When we have spoken of waste and disintegration we have only referred to chemical changes. But there are also morphological changes. One and the same cell does not always persist, but they die and are removed, others taking their places. How are the new ones formed? We know that in the epithelial structure the younger cells compose the deepest layer, and that as the old ones are cast from the surface the younger gradually rise in their places. But in other structures this process does not occur. But we know one fact of great importance. This constant repair depends upon one tissue, formerly considered to be insignificant, but now known to be the most important of all, the connective tissue, the matrix of all the tissues. I read a few days ago a new work on Histology, in which it was stated that white blood corpuscles were actually observed in the process of formation from the nuclei on the walls of the vessels. This is only mentioned to show the great importance of the connective tissue corpuscle.

Every function of the body is followed by a fluxion, a demand for new material is made, and a flow of blood follows. This is called functionary fluxion. An increase of function is therefore followed by an increased nutrition. It is scarcely necessary to

illustrate this fact. We need only to refer to the arm of the blacksmith, or the leg of the dancing girl, and to the renowned case reported by Humboldt occurring in South America, when the mammary gland of a man became so much developed by nursing a child that milk was actually secreted and the child nourished.

This is not only true of the functions of the body, but also of those of the mind. Thinking is necessary to create correct thought. History teaches this. When we say that increased function is followed by increased nutrition, we mean that this is true only within certain limits, and not beyond. If a man works his body constantly and moderately, his entire muscular system is increased. But by carrying this too far, so that no time is allowed for proper repair, then destruction of the muscle ensues. This is observed in what is called progressive muscular atrophy. There is no doubt that when sexual coaptation is moderately indulged in, the secretion of the testicles is increased, but if done imprudently and at improper intervals, an atrophy of the organs is produced. This constitutes the disease called progressive atrophy of the testicle. The same fact is observed in tetanus, in which when the spasmodic muscular contractions occur at moderately long intervals, a great number may be borne before the patient succumbs, but if they follow each other very rapidly, the patient is quickly prostrated.

No function is possible without stimulation. We have previously remarked that stimulation exists with all the functions, they acting in union with each other. There is, however, a special apparatus representing this stimulation—the nervous system. Other stimulants may be applied from without. The first are natural stimulants, the second artificial, normal and abnormal. Under certain circumstances, when the natural stimulation is imperfect, we resort to the artificial. If the nerves are so diseased as not to act upon the muscles, this would, if uncorrected, end in muscular atrophy. We therefore apply electricity, this bringing on muscular contractions.

What are the sources of repair? The blood and the circulation convey the materials to the tissues, depending for their supply

upon the lymphatic system and the glands. With the exception of the cornea, crystalline lens, vitreous body and the cartilages, all the tissues in the body are supplied with vessels. In these exceptions the blood is conveyed from cell to cell, instead of from vessel to cell. There is, however, not a great difference in the supply of vascular and non-vascular tissues, for in the vascular organs, not all the cells are in contact with the vessels, but only some of them, the others being supplied in the same manner as the non-vascular tissues. In the liver and in the fat cells, however, each cell is in contact with a vascular loop.

Now we have stated that each function is followed by fluxion, and that if a greater volume of blood goes to an organ it increases in bulk. If the entire system is provided with more blood than normal, the condition is called plethora. In this condition each cell does not necessarily increase in bulk, for hypertrophy may be prevented by increased secretion and excretion from the blood or by increased exercise, or if neither one or the other of these suffice, nature has provided that not much material is converted into the general tissues, but only into fat. Here it is deposited and stored up, constituting obesity or polysarcia. This is not general hypertrophy, since only one tissue is increased, and thus a general increase of all the organs is obviated. With the presence of a greater quantity of blood than normal a foreign stimulus is necessary to produce a pathological condition.

The quality, as well as the quantity, of the blood is also important. We will not now dwell upon the proportion of the different elements of the blood. A disproportion of the number of the white and red corpuscles, for instance, changes its quality and may give rise to various diseases. When the white corpuscles are in greater proportion than normal, we have leucocythemia. The quality of the blood may be changed in another direction; certain substances may get into the blood, being either generated internally, or introduced from without, constituting poisons. The internal substances are septic matters from gangrene. Materials may be introduced into the system and for a certain time keep up a changed condition of the quality of the blood, constituting a dyscrasia. We will only here

remark that not all diseases formerly ascribed to this source really depend upon it; they frequently arise from other causes. An organ may be formed in such a manner as to offer greater resistance to foreign influences, others are the reverse of this, and constitute predispositions. This is exemplified in the immunity of some individuals to contagion from the virus of syphilis or small pox. A remarkable case is now at the City Hospital, one of pustula maligna, in which, notwithstanding the violent local manifestation of the disease, there is no constitutional infection. All the chronic diseases which are now ascribed to qualitative changes in the blood are frequently due also to other causes.

What have the nerves to do with nutrition? They certainly exercise some influence, inasmuch as they are the excitors of function and functional fluxion. If a nerve is cut, the ultimate fate of the muscle to which it is supplied is atrophy, which is not due directly, but indirectly to the loss of nervous power. The latest experiments have shown that one division of the nervous system is more intimately connected with nutrition than the others; this is the sympathetic system. The vessels are entirely under its control. If this nerve is stimulated the vessels become smaller and contain less blood; if the stimulus is removed the vessels become wider and contain more blood.

Another question is the relation which exists between the different systems of nerves. If a cerebro-spinal nerve is irritated it produces a relaxation of the sympathetic. On a previous occasion we have alluded to the connexion between the vagus and the sympathetic nerve in regard to their action upon the heart. If the vagus is stimulated the sympathetic is paralysed. This is thought by some distinguished anatomists to depend upon an inhibitory or moderating action of the cerebro-spinal nerves upon the sympathetic. However, we will not at present discuss this question. This ends what we have intended to say in regard to nutrition in general.

If waste and repair balance each other health is the consequence. We may safely assert that almost all diseases are to be referred to a change or perversion of nutrition.

The deviations from regular nutrition, which constitute disease, are as follows:

Nutrition may either remain below or rise above the normal standard, or it may be changed in kind; thus we may have either a quantitative or qualitative change of nutrition. As, however, there can be no qualitative change of nutrition, which is not accompanied with, or followed by a quantitative change in the structural elements, we may, in order to simplify our classification, consider the qualitative changes as varieties of the quantitative. We have then:

I. ATROPHY.—Decrease of nutrition; retrogressive metamorphosis.

a. *Quantitative*; with preservation of the character of the tissues—*True Atrophy*.

1. Decrease of the size of the elements—*Simple Atrophy*.

2. Decrease in number of the elements—*Numerical Atrophy*.

b. *Qualitative*; change of the character of the tissues—*Degenerative Atrophy*, or, simply, *Degeneration*.

c. *Complete Destruction* of the elements of tissues—*Necrobiosis*, as a consequence of the foregoing.

d. *Complete cessation* of nutrition—*Gangrene*—*Necrosis*.

II. HYPERTROPHY.—Increase of nutrition; progressive metamorphosis.

a. *Quantitative*; resulting solely in an increase of bulk in an organ, produced by an increase of the constituent elements—*Homæoplasia*.

1. Depending upon an increase in bulk of the constituent elements—*Simple Hypertrophy*.

2. Depending upon an increase in number of the constituent elements—*Numerical Hypertrophy*.

b. *Qualitative*; increase in bulk differing from the tissue in which it takes place, resulting in the formation of new tissues—*Heteroplasia*, or *Neoplasia proper*.

Atrophy certainly involves a decrease of the organism. In hypertrophy the elements either increase in number or in bulk. In atrophy they either decrease in number or become

less in bulk. The degenerative atrophy is not, however, necessarily connected with decrease in bulk, the elements only losing their function, but not necessarily becoming smaller. We will now give some generalities in regard to atrophy.

The forms of atrophy which we have mentioned have their physiological prototypes. The first, that of true atrophy, is the unused muscle. If a healthy person is confined in bed two weeks his muscles will be found to have decreased in size, though the individual still remains perfectly healthy. For the second form, the degenerative atrophy, the epidermis is the prototype, the cells in this being so changed as to lose their form, their contents also altering, and their nuclei becoming shrunken, so that they are cast off as mere scales. The third form is necrobiosis. One of the finest illustrations of this process is the involution of the uterus, which having been freed from its contents, in three weeks regains its original size, and all the elements generated during pregnancy entirely disappear.

Before entering regularly into the subject of Pathological Anatomy, it is well to make you acquainted with some of the general terms in ordinary use in this connection: first, what is phthisis or consumption? It is properly a general atrophy, but in common use refers only to the lungs. Marasmus is also an atrophy of all the organs simultaneously, not owing to any peculiar specific extraneous cause, but following the process of natural involution. Tabes refers to the atrophy of the muscular system, the other tissues remaining intact. It is also applied to the nervous system; but this is more properly called tabes dorsalis. Emaciation must be kept entirely separate from atrophy, and only refers to the absorption of the fatty tissues, the individual enjoying, in the mean while, good health. Hæctic is an atrophy resulting from general profuse effluvia with loss of substance through the emunctories of the body. Cachexia does not exactly mean atrophy of the whole system, but a chronic low stage of nutrition, the assimilation not going on properly.

In our next we will consider the causes and varieties of atrophy.

INTERNATIONAL MEDICAL CONGRESS.

[From the Chicago Medical Journal.]

IS IT POSSIBLE TO PROPOSE TO GOVERNMENTS SOME EFFICACIOUS MEASURES FOR RESTRAINING THE PROPAGATION OF VENEREAL MALADIES?

(Continued from page 107, Vol. II.)

The first paper on this subject was in the form of a letter, by M. Wleminckx. (Bruxelles,) which was read, in his absence, by M. Crocq. From it we give the following extracts:

“The regulations of prostitution in the city of Bruxelles are the best, or at least the most complete, that I know of. The basis of the rules is as follows:

“Repeated visits (every three days) to all the women registered as prostitutes. Punishment of those who avoid the visits, and recompense to those who never fail to present themselves, by restitution, at the fifth visit, of the sums paid by them previously, for admission. Those presenting the least suspicion of disease of the genitals are sent to the hospital. Physicians are prohibited visiting or treating prostitutes at their domiciles.

“By these measures, we have seen, in a very short time, the number of cases decrease very much in our hospitals, civil and military, and those of a secondary or tertiary character have almost disappeared. To these general measures I have added one more, specially applicable to the army:—I prescribe that each man entered as syphilitic in the hospitals shall be interrogated upon the origin of the disease, however trifling it may be, and the place where he may have contracted it, and the woman who has contaminated him. I recompense those who make a correct statement. The woman accused is immediately arrested and placed in hospital. The result has been, that syphilis has been nearly extinguished in Belgium.”

M. Crocq supported, verbally, the facts communicated in the above letter, and stated, in addition, that gonorrhœa had also become much diminished, but in a degree much less than syphilis. According to our laws, prostitution is exclusively under the control of the corporations of villages and cities. The large cities have regulated it effectually, but there are still “communes” which have not followed this example, and are situated

at the very gates of our large cities. They become, thus, the refuge of clandestine prostitution, and the indestructible centres of syphilis. The International Congress of Public Hygiene, held at Bruxelles in 1852, was occupied with this state of things, and proposed measures, some legislative and general, others of a local character. These demanded, amongst other things:

“The interdiction of all prostitution not under the *legal rules*; the personal responsibility of those who kept houses of debauch; the interdiction of prostitution with minors up to a certain age, and the confinement of those who proved delinquent in ‘houses of reform;’ severe penalties for those who are culpable of facilitating the debauchment of minors; a special tutelage for those children whose parents or guardians favor their prostitution or corruption.”

These measures were recommended to be the objects of a special law, respecting the police of prostitutes, etc.

“The intervention of the State is necessary in two points of view, if we wish to attain the end to which we aspire:—First, to indicate to the cities and ‘communes’ the obligations that they should fulfil, relative to prostitution. Second, to support, at public charge, prostitutes undergoing treatment for venereal diseases.”

M. Prof. Jeannel presented a lengthy memoir upon prostitution and syphilis. He would impose upon public women, and especially matrons who employ them, the payment of the expenses of treatment in hospital. He proposed to submit all the immoral population to the authority of the “physicians of epidemics,” and to the inspector-general of the sanitary service, who should regulate the number of visits, inspections, etc. He proposed also to submit all sailors in ports, either at their arrival or their departure, to a rigid inspection, for to them, syphilis owes its propagation more than to any other source.”

M. Rollet, in the name of the Society of Medicine of Lyons, presented a long and important report, from which I make the following extracts:

The application of sanitary visits to all the prostitutes in all countries, is one of the most important international hygienic measures that could be proposed to the different governments. Sanitary visits to men are useful under all circumstances, where there is reason to believe there is risk of propagation of venereal maladies: but these visits are not practicable by the administration, except those under the immediate control of the authorities.

Without prescribing, in an express manner, to the keepers of houses of ill-fame, the means to be made use of in order to exclude unclean men, he recommended the employment of all practicable means of examination; and all necessary assistance for the prostitutes in preserving themselves from unclean contact, and in no case should they be constrained to come in relation with a sick man. The execution of these measures will rest with the mistress of the house, for which she is responsible under penalty; and she shall be subjected to the infliction of damage, when the percentage of disease in her house exceeds a certain mean average.

The marines and soldiers, whom statistics show to be the most active propagators of venereal affections, should be subjected not only to periodical visits, but also at each displacement, embarkment, debarkment, change of garrison, departure on holiday, and on returning to the corps. Sailors of merchant vessels should not be permitted to land without certificates of health. The same rules should be applied to sailors of all those nations who may have given in their adherence to the recommendations of the International Sanitary Committee of 1853. These visits should be imposed upon all prisoners, and on those arrested for vagabondage.

M. Mougeot believed that clandestine prostitution was the fruitful source of venereal disease, and proposed to drive the unfortunates into the public houses of ill-fame. As to those who submit *en carte*, he proposes to render the proprietor legally responsible for any ill consequences. Respecting personal preservation, he recommends phenic acid or amylic ether, as destructive of the virus, which, according to him, is a parasite, with a different species for each variety of venereal disease.

M. Auzias Turenne contended that the only efficacious measure against the propagation of syphilis is syphilization, artificial and methodical. According to him, repeated inoculation destroys all susceptibility. A public woman thus syphilized, and carrying a certificate to that effect from the "syphilisateur," could no longer take the disease nor give it. Thus, all the morbid centres would be extinguished in a short time, if such measures became general, and the problem would be solved. He declared inefficacious, all other means, administrative or personal. A woman who had been syphilitic, under certain circumstances could—as of an excitation too prolonged—be seized with a relapse of discharges, which, to all appearance, might be simple, yet would be able to communicate syphilis. Thus, the "visits" are rendered null in results, for the prosti-

tutes having, nearly all, a hypersecretion from the genitals, a simple "flow" cannot always be distinguished from the virulent. With those who have been inoculated a sufficient number of times, the secretions can no longer communicate disease. M. Auzias Turenne finally appealed to the Congress to render to syphilization the place which it deserved as a prophylactic and hygienic measure.

M. Ricord presided. "I will make," said he, "but a single observation to M. Auzias Turenne—that which I have always made to him:—If he considers syphilization so efficacious, if he is convinced, let him prove it to us; let him experiment upon himself.

M. AUZIAS TURENNE.—"I am ready to present all my observations, those ought to suffice. Scientific questions should remain impersonal."

M. RICORD.—"I do not wish to reflect upon M. Turenne. There was nothing personal, in fact, in my question. I said to him, furnish yourself, upon yourself, the proof of your conviction. You have experimented much upon others; you have been able to see if these experiments were innocent; you said they were; prove then, by testimony indisputable, and I will be ready to believe; until then, I say that if you hesitate, you have not the certitude that you proclaim."

President Bouillaud interposed, and said that he had always appeared in defense of scientific progress, but that M. Ricord had the right to ask of M. Auzias Turenne an experience upon himself, which would be the proof of solid conviction; proof that Desgenette gave in relation to the plague; Charvin in yellow fever; the anti-contagionists of 1832, in relation to cholera; M. Ricord, in relation to secondary accidents in syphilis. All have inoculated themselves with that which they thought not to be transmissible, and in view of these acts of courage, one cannot comprehend the refusal of M. Auzias Turenne.

M. AUZIAS TURENNE.—"I await scientific objections."

M. Jeannel, for his part, considered a single experiment, personal or not, as offering less proof than a series of anterior observations. The matter of greatest importance is, that M. Auzias Turenne shall produce a large number of facts.

M. BOUILLAUD.—"I wish to say, that as far as I am concerned, I am not opposed to any facts or experiences."

M. RICORD.—"I demand not only new facts, but proof of personal conviction."

Here, the general attention was distracted by an unexpected incident—M. Villemin rose, and, in voice of thunder, exclaimed:

—"See me! I am a doctor of medicine; I am syphilized, and am very well."

M. RICORD.—"Very well, then, let M. Auzias Turenne follow your example."

M. VILLEMIN.—"I have renounced marriage, he has not."

M. RICORD.—"And why have you renounced marriage, if syphilization has the advantages you suppose? Now you are incapable of taking syphilis, or of transmitting it to your wife, or, hereditarily, to your infants, and still you renounce marriage. You are a phoenix, in your own eyes, for the woman that you would take. This theory of syphilization reposes upon false principles; it implies the unity of the syphilitic virus. I believed a long time in this unity, but observation has convinced me to the contrary;" M. Ricord here gave a history of his labors and opinions. He endeavored to show that he had taken the first step towards the truth, by the distinction of two chancres, of which one is the point of departure for constitutional disease, while the other leads to results purely local. From this distinction of two chancres followed the distinction of two viruses. M. Ricord recalled the incident of having informed a young student in medicine that, in inoculating himself with soft chancre, he would take verole if he took anything, and it took place. If this last is reproduced, we will be able to conclude that the difference pertains not only to the ground, but to the seed also. In a word, M. Ricord showed how he had gradually changed his opinion—constrained by facts—until he had become a complete dualist; now to believe in syphilization, one must first become a unicist.

"Our confrere who is syphilized, is he sufficiently convinced to submit to inoculation from the virus of a hard chancre?"

To this, M. Villemin made no reply.

M. RICORD.—"I have never inoculated myself, or the patient himself, but with the accidents which pertained to him. This exclusive method of auto-inoculation has caused one of my most important errors. I have inoculated secondary accidents upon the veroles and I accomplished nothing, for a verole can no longer take the verole. If I had made inoculations from the sick to a well man, I would have been able to discover the truth. But I will never permit myself to make such experiences; when others make them, I will be convinced."

M. AUZIAS TURENNE.—"I will restrain myself within the scientific limits of the question:—Does there exist one or two kinds of virus? I will cite one fact. I inoculated a person infected with cancer, with the virus of soft chancre; towards the

fourth inoculation upon both arms, a chancre, thus produced, was indurated, engorged. I believed, at first, that this was a manifestation of the cancerous diathesis, but a roseole supervened at the end of a fortnight, and, a little later, the most evident secondary accidents, left no room for doubt. Thus, the pus from a soft chancre had produced hard chancre and constitutional syphilis. Here are the facts inversed; when we have no soft chancres from which to obtain pus, we fabricate it. It suffices to cover a portion of mucous tissue with a solution of sylphium egrenicum, and three or four days after, in inoculating the pus which it secretes, one produces a soft chancre, indefinitely transmissible. Formerly, Bœck wrote to me often, asking for virus from soft chancre, which he lacked at Christiana during the winter; but now he fabricates it when he wishes. I go still farther:—Suppose the existence of two viruses, is that a reason why transmission may be impossible? The ‘small pox’ and ‘vaccine,’ are they not also different?—at the same time one may be prophylactic of the other.”

M. RICORD.—“I have said from the first, that if soft chancre preserves from hard chancre, it acts in relation to itself, as vaccine to variola, which is a local accident, preserving from an affection of a general character. As for the transformation of chancres from one to the other, I do not believe it possible.”

Adjourned for the Grand Banquet.

BIBLIOGRAPHICAL NOTICES.

CHART OF VENEREAL DISEASES. By PHILLIPPE RICORD, of Newark, N. J.; from Wm. Wood and Co., 61 Walker street, New York.

The chart is a condensed embodiment, in the form of a gnarled, scraggy and wide-spreading tree, of the diagnostic characters of the lesions of the three venereal poisons—gonorrhœa, the chancre and syphilis. The three diseases are represented as branches of the stem or trunk—sexual intercourse—and the etiology, diagnosis, and sequelæ of each, as foliage.

At the base of the trunk of the tree, which seems rugged and

deeply rooted, is the significant quotation: "For every tree is known by his own fruit."

The right branch of the tree is represented as consisting of three growths, typical of the three stages of syphilis. In connection with that representing primary syphilis, (chancre and induration of neighboring lymphatic ganglia,) there is given on side branches, the origin of the chancre—"always from a chancre or syphilitic lesion"—and the *period of incubation*—"two or three weeks, sometimes even six;" and also the anatomical diagnostic characters of the chancre, pathological tendencies, and characteristic gland affections. In connection with secondary and tertiary syphilis (Ricord's classification), there are given the characteristic symptoms and lesions, and the usual periods of their evolution or manifestation.

Between the right branch and the remainder of the body of the tree (chancroid and gonorrhœa) there is a broad notch, indicating the "division caused by the excision of the contagious and local ulcer, from the old trunk of 1851. Bassereau's distinctions between the chancroid and syphilis, 1852. Revival of the old school of venereal pathology and the establishment of the doctrine of the quality of virus."

For a short distance there is no division of the balance of the body of the tree, significant doubtless of the frequent coexistence of gonorrhœa and chancroid, and the not infrequent difficulty, if not actual impossibility at times, of distinguishing urethral chancroid from gonorrhœa, without resorting to the test of inoculation.

It then bifurcates into two branches, chancroid and gonorrhœa. The former, "'the contagious ulcer of the genitals,' is always derived either from a chancroid or a virulent bubo. *The chancroid has no period of incubation.*" Its anatomical characters, pathological tendencies, and characteristic gland affection, present a strong and striking contrast with those of primary syphilis, and it would really seem that a careful comparison could not fail to convince even the most incredulous of the distinctness of the two affections. Indeed, when in connection with this marked contrast of the characteristic lesions, we reflect that nearly all

the ancient medical writers—Greek, Latin and Arabian—have described ulcers of the genital organs and suppurating buboes; that contagious ulcers of the genitals have been known from very remote antiquity; that prior to the last years of the fifteenth century, they were alluded to as diseases requiring only local treatment, and that previous to about the year 1494, when syphilis was first known in Europe, there is no record in the history of medicine, of general or constitutional symptoms following such ulcers, we cannot but wonder that any one can for a moment entertain an idea of the identity of the two diseases, or of the *unicity* of the virus producing them.

Gonorrhœa, like “contagious and local ulcer of the genitals,” has been known in all ages, but for three hundred years prior to the early part of the present century was confounded with syphilis.

The branch representing this affection, is figured as consisting of two growths. The first, representing the disease proper, has two side branches, the one descriptive of the etiology of the disease, which is in full accord with our accepted views, and the other portraying the seat and general character of the disease and its complications. With the secondary growth of this branch we are presented with etiology, pathology and general characters of gleet. The entire chart is ingeniously devised, and, presenting as it does, a concise but comprehensive review of accepted pathology of the venereal lesions, cannot but greatly facilitate their study and correct comprehension. W.

CIRCULAR No. 7, WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, WASHINGTON, JULY 1, 1867. A REPORT ON AMPUTATIONS AT THE HIP-JOINT IN MILITARY SURGERY. By G. A. OTIS, M. D., Assistant Surgeon and Brev. Lieut. Col. U. S. A. 4 to, pp. 87.

This most excellent and exhaustive monograph contains the statistics of fifty-three hip-joint amputations, performed during the late war—thirty-four in the U. S. Army and nineteen in the Confederate Army, and also a tabulation of the authentic cases recorded in the previous annals of army surgery.

Having already received the warmest commendations, both in

this country and in Europe, it would be a work of supererogation to attempt to call attention to the various points of interest in this very valuable contribution to military surgery.

Of the fifty-three recorded cases, forty-four died, seven recovered, and of two the history is not complete. Excluding these two doubtful cases, we have a mortality per-centage of 86.27 per cent.

Of the one hundred and sixty-one tabulated cases, one hundred and forty-four were fatal, sixteen recovered, and three are doubtful. Excluding these, the mortality was 89.87 per cent.

The "Circular" is printed with large, clear and distinct type, on excellent paper, and contains thirty-nine illustrations, of which thirty are engravings, four lithographs, and five chromolithographs, of the finest style of the art. Dr. Otis has evinced much labor and research in its compilation, and the style of its publication is fully equal, if not superior, to its predecessors, Circulars Nos. 5 and 6. The publication of these several monographs reflect great credit on all concerned. W.

THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF DISEASES OF WOMEN, INCLUDING THE DIAGNOSIS OF PREGNANCY. By Greely Hewitt, M. D., F. R. P. C. P. &c. First American from the London Edition. Lindsay & Blackiston, Philadelphia. 707 pp. \$8.00. From the Publishers, through the St. Louis Book and News Co.

In this enlightened age, when a teeming press is pouring forth a marvelous number of new works, none of which, no matter how complete, are fully up to the times, except while being written, the pangs of parturition are scarcely passed ere the wants of the age—the advance of the speciality—demand that the work be re-written; fame is necessarily short-lived, and bold and arduous must be the labors of the man who would expect his views to outlive his breath. The tendency of such condition is, that the increase of knowledge does not always correspond with the increase of matter; that quality is often sacrificed to quantity; that dilution is carried too far for the preservation of the *idea*, even were other hygienic conditions favorable. But such, we are pleased to say, is not the character of the work before us.

Among the gentlemen of the old school to whom the profession are greatly indebted for their contributions to the speciality of gynecology, may be mentioned Drs. Clark, Gooch, Ashwell, Colombat, Churchill, West, Dewees, Meigs, Hodge, Tilt, and Scanzoni. The labors of these great and good men have been wonderfully fecund in the production of a progeny whose divarications are such as often to lose all resemblance to their ancestors.

Those gentlemen of the old school taught that constitutional disorders, general states or conditions, diatheses, whether acquired or hereditary, much concerned local diseases; that diseases of the uterus not alone concerned the general health, but that this also had much influence in originating and perpetuating the local uterine disorder. Under the old regime the functional disorders of the female reproductive organs,—amenorrhœa, dysmenorrhœa, and menorrhagia,—were believed to have their origin in, or to be influenced by certain constitutional states or conditions of the patient. These views, variously modified to meet the advanced state of gynecology, are still held by many; whereas by the most divergent crowd of modern gynecologists—those who from reading a monograph on uterine surgery have sprung full-grown and full-armed into the *corps scientifique*, and with unskilled hands would carve their “on to Richmond” through and by means of the uterus—it is, if not held as a cardinal dogma, more than suggested, that the uterus is alone responsible for all the ills of woman, and as a consequence of these views, this sometimes unoffending organ is attacked with a zeal, that in many cases it were well if it were mixed with a little more knowledge.

Now the fault is that the Old School, guided by their views of the etiology and nature of uterine diseases, often directed their treatment too exclusively to the general health; while the specialist, too much magnifying the local disorder, forgets or neglects the constitution. Here, as in many other instances, we may believe, that *in medio tutissimus ibis*; and this happy mean, Dr. Graily Hewitt, in this edition of his work, has observed. And though he does, more frequently than the authors named, appeal to the knife, he most judiciously, and wisely, in most cases, makes this a last resort; and cannot be said—notwithstanding he is a

bold and skilful surgeon—to give any aid or encouragement to the carvers, who, between unfortunate, affrighted woman, and her hopes of cure, hold the inexorable, reeking knife. He is practical, and eminently conservative, and his work embraces the matured views of an honest observer, and one whose ability has long been felt and acknowledged by his co-laborers, in Europe and this country; and yet the work does not come fully up to what we have a reasonable right to expect from the reputation of the author. Part I, on Diagnosis, is good—excellent—and to the diligent, observing gynecological student, is a mine of wealth. Part II, on Pathology, is tolerable, and part III, on Treatment,—whether medicinal or surgical,—can hardly be said to embrace fully our resources; while his physiological views, when given, are miserable.

This is particularly the case in his chapter “on the Phenomena of menstruation and ovulation” in which it is apparent, Hewitt is behind his age, holding to effete views, or what is perhaps even worse than clinging to antiquated or exploded views, has no well defined or settled views upon the subject. This in a man of science is a fault—in a practitioner a misfortune, and in a teacher well calculated to impair the force of what he does understand.

In certain passages he holds to the ovular theory of menstruation, and in others to the opposite and contradictory one, of primary, periodical uterine engorgement, in which the ovulation is only a coincidence—and even thinks the catamenial fluid is a genuine secretion poured out into the uterine cavity through the open mouths of the uterine glands—whereas it is now well known and admitted by all well informed physiologists, that this discharge is a resultant hæmorrhage, caused by an ovarian orgasm,—that the discharge is not a secretion, but blood poured out from the engorged uterus, which blood receives its peculiar character as a menstrual fluid from its admixture, first with the alkaline secretions of the uterus, and then with the acid secretions of the vagina; and that this marked bloody discharge is not the capital act in menstruation, but a sign of such act, (the ponte.)

But the fault of Hewitt here is, not that he doubts the ovular

theory, but that he neither believes nor doubts; has indeed no well-settled views on a point so clearly established.

Altogether, the work is a valuable one and the time of its appearance most opportune, serving alike as a spur and a guide to "old fogies," directing their attention and treatment more to the uterus in uterine maladies, and holding a bit upon rampant malaperts whose saucy haste and little knowledge would lose the constitution in local disorder; and were these its only good, humanity would be his debtor. The appearance of this second, so soon after the issue of the first edition, gives evidence that the sale of the work—its favorable reception by the profession—is commensurate with its great value.

The get-up of the American edition, except the binding, is all that could be desired—the paper good and typography excellent,—and reflects credit upon the enterprise of the publishers.

M.

We also acknowledge the receipt of

HOLDEN'S MANUAL OF ANATOMY. By Luther Holden, F. R. C. S., Assistant Surgeon of, and Lecturer on anatomy at St. Bartholomew's Hospital, London, with Notes and Additions, by Erskine Mason, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, and Surgeon to the Charity Hospital, New York. Robert M. DeWitt, Publisher, No. 13 Frankfort street, New York. 8 vo, pp. 588. From the Editor and Publisher, through the St. Louis Book and News Co.

ATLAS OF VENEREAL DISEASES. By A. Culerier, Surgeon of the Hopital du Midi, &c. Translated from the French, with Notes and Additions by Freeman J. Bumstead, M. D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. Philadelphia, Henry C. Lea, 1868. To be complete in five parts; with about one hundred and fifty beautifully colored figures on twenty-six plates. Part I., Imp. 4 to, pp. 141. Price \$3.00. From the Publisher, through Keith & Woods.

THE ENDOSCOPE, AND ITS APPLICATION TO THE DIAGNOSIS AND TREATMENT OF AFFECTIONS OF THE GENITO-URINARY PASSAGES. Lessons given at Necker Hospital. By A. J. Desormeaux, Surgeon of the Hospital, &c. Translated by R. P. Hunt, M. D. Chicago, Robert Fergus' Sons Printers, 12 and 14 Clark street, 1867.

PLASTICS. A new classification, and a brief Exposition of Plastic Surgery. By David Prince, M. D. Philadelphia, Lindsay & Blakiston, 1868. From the Publishers, through the St. Louis Book and News Co.

Want of space compels us to postpone further notice of these until our next number.

EDITORIAL NOTES AND VARIÆ.

BACK NUMBERS WANTED—*Although it was supposed that a sufficient number of copies of our Journal had been provided to meet all contingencies, the large increase of subscribers desiring the back numbers has entirely exhausted our first number. We will pay twenty-five cents, either in cash or by credit on subscription, for copies of that number:—will those of our subscribers who do not file their numbers oblige us by responding?*

WE furnish to our readers, in the present number of the ARCHIVES, a brief resume of the proceedings of the Medical Association of the State of Missouri, at their late meeting in this city. By the provisions of the constitution adopted at the reorganization of the Association in October last, the privilege of voting on matters brought before the Association, was restricted to "delegates from permanently organized local Medical Societies." On account of the fact that but few of the county or local Societies have reorganized since the war, there were necessarily but few such delegates in attendance, and there can be no question that the unfortunate distinctions in membership, and the limited privileges enjoyed by other than delegated members, kept many from attending the meeting of the Association, who otherwise would have done so, and as a consequence, the profession, throughout the entire State, was not as fully and generally represented as could have been desired; still, under the circumstances, the attendance was a very creditable one.

We doubt not that the action of the Association, in abolishing distinctions in membership, will meet with the very general approval of the profession throughout the State; and we earnestly trust that they

will manifest their appreciation of it by a full attendance at our next annual meeting.

The scientific communications, of which we can give but the most meagre outline, were full of interest, and were very favorably received.

As the subject of medical education has been being agitated throughout the length and breadth of our country, we take pleasure in laying before our readers, *in extenso*, the report of the Committee on this subject. Many of their criticisms and suggestions are very judicious, and worthy the careful and earnest consideration of the profession, both in our own State and elsewhere.

We heartily approve of their suggestion in regard to the creation of additional chairs or professorships in our medical colleges. The only trouble is, they did not go quite far enough. We see no reason why they should limit their suggestions and recommendations to gynecology and ophthalmology, regardless of diseases of other equally important organs; as, for instance, of the heart, throat and lungs, of the skin, of the genito-urinary organs, and of the nervous system, and psychological medicine, in regard to our knowledge of each of which the advances have been equally as great; so great, indeed, as to merit the special consideration and almost exclusive practical attention of some of the ablest medical talent, both of this country and of Europe. It is a burning disgrace and reproach to the profession, that the treatment of some of these diseases is given over almost entirely to ignorant and unprincipled charlatans, and empyrical pretenders. A thorough and scientific medical education should embrace both courses of lectures and clinical instruction upon each of these, as well as the other branches of medicine; a matter of utter impossibility with the usual limited number of teachers, "in the short space of a five or six months course of lectures."

The Committee very properly suggest, "that a reform cannot be inaugurated and sustained in the schools of Missouri, without the co-operation of the schools throughout the United States."

The suggestions to "those members of the profession who take into their offices students of medicine," are worthy the consideration and adoption of every medical man who has at heart the honor of his profession and the interest and welfare of humanity. Indeed, we deem the entire report highly creditable to the committee which framed it, and the entire action of the convention evinces a commendable interest in the much mooted matter of reform, and the *elevation of the standard of Medical Education*.

A recent Homœopathic journal, in speaking of this subject, says :
“This is a field in which the reputation of our school of medicine can reap a rich reward, and secure a great advance towards a more public recognition ; the more so, from the fact that the allopathic colleges are *crowding through, in a spirit of rivalry and with indecent haste, many poorly qualified men, to go forth and be a lasting disgrace to the college and to the profession.*” Are there not but too just grounds for the reproach thus heaped upon us?

We notice in our exchanges that in a number of the States, legislative enactment has either been secured or is being solicited to protect the people from the usurpations of charlatanism and quackery, and in view of this wide spread movement, we cannot but think the time most opportune for a decided action in regard to the matter by our National Association. We fully endorse the views of a recent exchange, that “the only way to recover the authoritative position which our fathers held in medicine, is to steadily raise the standard of Medical Education.”

We sincerely hope that our delegates to the National Association will reflect the expressed views of our State Association, and lend their united support and cooperation for the promotion of this much-needed reform.

HUMBOLDT MEDICAL COLLEGE COMMENCEMENT.—The second annual commencement of the Humboldt Medical College was held at the College building, on Tuesday evening, April 14.

Prof. Hammer, President of the Board of Trustees, presided and conferred the degrees, and Prof. Whitehill delivered the valedictory address.

Before conferring the degrees Prof Hammer gave a brief history of the institution.

It was organized, he said, with the express object of meeting the acknowledged want of the age—a more thorough system, and elevated standard of Medical Education. The only reward it had to offer to its votaries, was a high standard of scientific attainment, and this alone could be secured by a devotion of both time and labor beyond that required by other medical schools. Such, it was well known, was not an inducement that was likely to allure the multitudes to its shrine, or bring immediate success to the institution, and yet it had none other to offer.

The faculty commenced their lectures with a class of but eleven

matriculants—a less number of students than there were of professors. Without the hope of personal reward or pecuniary profit, but with a firm faith in the merits of their cause they labored on, determined to win success by the thoroughness of their instruction, and their labors were not in vain. The new features introduced into the system of education succeeded well. The public examination, at which a number of the physicians of the city were present, and the public defense of theses at the commencement—a new feature in commencement exercises in this country—in which physicians of experience and ability were requested to take part, and test the soundness of the views of the candidates, proved alike satisfactory to the students and the public—to the students because they felt a confidence in the thoroughness of their instruction;—to the public in that it gave evidence of an earnestness and sincerity that did not shun investigation.

The present class numbered twenty-eight matriculants, certainly a very satisfactory increase over that of the previous or first session, and most gratifying evidence that the institution truly represented the wants of the age, the more especially as the class was from no particular part or section of the country. Missouri, Mississippi, Tennessee, Kentucky, Illinois and Iowa, each were represented, and the fact that a large proportion of the matriculants were already graduates of other medical schools spoke more for the character of the institution than any eulogy his lips could utter.

DEATH OF PROF. GIBSON.—Dr. William Gibson, formerly Professor of Surgery in the University of Pennsylvania, died recently at Savannah, Georgia, whither he had gone to recruit his health. Dr. Gibson succeeded Dr. Physic in the chair of Surgery, and was identified with “the University” for more than fifty years. He died rich in honors and in years.

DEATH OF PROF. PIRIGOFF.—Our exchanges announce the death of this renowned surgeon under the following extraordinary circumstances. Being at Odessa, he was called to see a patient in consultation, near that city, and on his return was attacked by a gang of highwaymen. After killing two of them, the others fled, and Pirigoff pursued his journey, feeling that he had narrowly escaped with his life; but upon reaching his house, he was seized with symptoms of cerebral congestion and soon after expired.

THE INDIANA STATE MEDICAL ASSOCIATION will meet at Indianapolis on Tuesday, May 19, 1868.

ILLINOIS STATE MEDICAL ASSOCIATION.—The next annual meeting of the Illinois State Medical Association will be held in the city of Quincy, on the *third Tuesday* of this month.

TREATMENT OF THE INSANE.—In conclusion of his Annual Report, Dr. Tyler, Superintendent of the McLean Asylum for the Insane, says:

“Every step taken in providing for the insane should recognize that they are sick, that their sickness is oftentimes incurable, and, like other maladies, curable in proportion to the promptness with which treatment follows the attack, and that therefore as few obstacles as possible should be in the way of their receiving treatment; that some restraint is necessary for the violent and demonstrative; that others can be safely allowed a large amount of personal freedom; that all are dependent, in differing degrees, upon others to look after and act and care for them, some needing but little attention, others being easily guided, while a portion cannot, without aid, make a single move in a right direction; that it is a bounden duty to meet every want as far as possible, to afford every necessary comfort, everything pleasing to the eye and every agreeable diversion to the thoughts, so that these sufferers may be compensated, as far as it lies in human power, for their great misfortune—the loss of reason.—*Boston Med. & Surg. Jour.*

COLLODION IN TREATMENT OF NŒVUS.—Prof. L. S. Joynes, of the Medical College of Virginia, publishes in the *Richmond Medical Journal* a case of nœvus successfully treated by the continued daily application of collodion. “The contraction which ensued upon the drying of the liquid was remarkable. The prominence of the discolored portion of the cheek disappeared; the integument all around was strongly puckered, and through the coating of dried collodion the discoloration was seen to be much diminished. The application seemed to cause not the slightest pain or inconvenience to the child.” Possessing, as it does, the advantages of causing *no pain* and leaving *no scar*, the remedy, even though success would be but the occasional result, should receive a fair and full trial before resorting to more active operative proceedings, as the caustic, knife, ligature or seton.

EMBALMING BY THE USE OF CARBOLIC ACID.—We learn from the *Medical & Surgical Reporter, Phila.*, that Profs. Chas A. Seely and Chas. J. Eames, of New York city, have obtained a patent for the impregnation of dead bodies with carbolic acid, which is said to be superior to the old Egyptian method. The antiseptic liquid is applied

to the surface of the body, and, when deemed advisable, injected into the stomach and intestinal canal. For external use, a solution of the acid in water, or other solvent, is applied by repeated washings with a sponge or cloth, or the body may be swathed with cloths saturated with the solution, or, when convenient, the body may be immersed in a weak solution for a short time. In cold weather, the external method of application is sufficient to preserve the body and prevent change for some days, but when the weather is warm, and when it is desirable to preserve the body for a long time, the antiseptic is injected into the cavities of the chest and abdomen by the use of a syringe. The amount of the liquid used should be at least a few ounces, but better enough to distend the cavities, and may be introduced through the natural external orifices. In addition, it is sometimes useful to place cotton, wool or lint, saturated with the acid, in the different orifices. When used as an embalming process, and when there is no objection to making incisions in the body, it is better to inject the acid into the veins and arteries. As a further security, cloths saturated with the acid, or a mixture of carbolic acid and saw dust, may be placed in the bottom of the coffin. The patentees claim that carbolic acid is the most active and useful agent yet known for this purpose.

EFFECT OF DRUNKENNESS ON CONCEPTION.—M. Demaux recently contended before the *Academie des Sciences* (France) "that conceptions effected during drunkenness are one of the causes of epilepsy, and other affections recognising the nervous system as their point of departure," and presented new facts in support of his proposition. He attributes to the same cause a great number of monstrosities, of vicious conformations, of congenital lesions of the nervous centres, etc., which prevent the products either from arriving at term, or from living more than a few weeks or months.—*La Tribune Medicale*, Feb. 9, 1868.

IODINE AS AN ANTIDOTE TO STRYCHNINE.—Dr. Fuller, in a communication to the *Lancet* of March 21, 1868, says, so strong is the affinity between iodine and strychnine, that two fluid drachms of tinctura iodini are capable of decomposing six fluid drachms of the liquor strychniæ, producing an insoluble compound of iodine and strychnia. In whatever sequence they are mixed, the whole of the strychnine is precipitated by the tinct. iodini, and the addition of the iodide of potassium, or a large quantity of spirit, will not serve to prevent the precipitation. It is obvious, he says, that for medicinal purposes, a mixture in which such a precipitate occurs must be almost valueless.

"Another question of practical importance arises out of this observation: may not a dilute solution of iodine be advantageously given as an antidote in cases of poisoning by strychnine? Neither in Dr. Taylor's work on poisons, nor in any other work which I have had the opportunity of consulting, do I find the slightest reference to iodine as an antidote to strychnia; but if a drachm of the tincture of iodine of the Pharmacopœia suffices to precipitate and render insoluble no less than a grain and a half of strichnine, (three drachms of the liquor strychniæ,) it is difficult to resist the conclusion that, if cautiously administered, iodine may prove a valuable and efficient remedy in cases of poisoning by strichnine."

UTERINE INJECTIONS—At a recent meeting of the Imperial Academy of Medicine, the subject of uterine injections, which of late has occupied the attention of that learned body, was again briefly discussed, and MM. Gosselin, Depaul and Ricord condemned this method of therapeutics, which, despite the perfection of the instruments adopted, may determine an attack of metro-peritonitis, which, according to the declaration of M. Gosselin, has already occurred in the service of M. Jobert.—*L'Evenement Medicale*.

SINGULAR CAUSE OF DEATH—A London Coroner recently confirmed a very singular cause of death. The subject was a widow, who died after long suffering. The report of the physician charged with the inquest, establishes the fact that the death was caused by poisoned goose-grease. It would seem that cases of such empoisonment are not infrequent. The poison is produced in the fat of this bird by different causes; first, by decomposition of the flesh, when life has been long extinct, and next by the food absorbed by it, particularly by poisonous plants. This nourishment engenders and concentrates in their grease a very dangerous poison.—*L'Evenement Medicale*.

AN APPARATUS FOR THE PREVENTION OF EPILEPSY.—At a meeting of the Imperial Academy of Medicine, (France,) in February last, M. Broca presented an apparatus designed to guard against attacks of epilepsy in those patients in whom this distressing malady gives evidence of its approach by the *aura epileptica* in the index finger of the right hand. This apparatus is a simple tourniquet, worn constantly by the patient around the arm as a bracelet, which, by means of a screw, or a tongue of leather and a buckle, can be tightened on the first warning furnished by the *aura*, and loosened again

after the sensation has passed away. To M. Rozier, of Bordeaux, is due the credit of originating this plan of treatment in a most painful disease, though M. Broca is inclined to ascribe its happy influence to compression of the median nerve rather than of the humeral artery, as its distinguished discoverer would seem to imply. It has proven a complete success in several cases of the disease preceded by the *aura*, and which had resisted all other means, and commends itself most strongly to the profession for this reason, as well as for its great simplicity.—*L'Evenement Medical*, Feb. 8, 1868-

BROMIDE OF POTASSIUM IN ASTHMA.—Dr. Palmer, of Monticello, Florida, says (*Richmond Medical Journal*) that about four months previous a distressing case of asthma, of seventeen years standing, came under his notice, in which the paroxysms occurred nearly every night, with occasional intervals of a week. The patient had been treated by different physicians without any benefit, but rather grew worse. He prescribed the bromide of potassium in twenty-grain doses, twice a day, and found it to exert a most satisfactory influence over the disease.

“Only two paroxysms have occurred since; and they were produced by unusual exposure, together with neglect of the remedy.”

DELIRIUM TREMENS TREATED BY PULV. CAPSICI.—Dr. Robert W. Jackson reports, in the *Canada Medical Journal*, two cases of delirium tremens, both of which, under very unfavorable circumstances, yielded promptly to large doses of pulv. capsici. The one was complicated with erysipelas of the head, with tendency to cerebral congestion; in the other, there were symptoms of arachnitis, with effusion. In the former, he gave two doses of one drachm each of pulv. capsici in beef tea, with brandy and egg; in the latter, two drachms of tinct. capsici was given in a rhubarb draught, and two doses, a few hours apart, of thirty grains each of pulv. capsici—in both cases with the effect of securing sound sleep and speedy convalescence. In both cases, he says, “the previous habits, as well as complications existing,” gave evidence that the attack would be severe, while the results were so satisfactory that he would “certainly be disposed to try its effects again.”

GLYCERINE.—Glycerine must be regarded as one of the many useful substances developed by modern chemistry. If pure, its effects are mild and bland, when placed upon tender and broken skin. Sore lips, sore eye-lids, chapped hands, &c., are soothed and healed under

its application. When mixed with soft water, one part of glycerine to two of water, it may be applied to all abrasions of the skin with advantage. These desirable qualities are only found in *pure glycerine*. The abominable liquids sold in the shops generally, as glycerine, possess opposite qualities from those belonging to the pure article. They produce burning and inflammatory action, and other disagreeable effects. They contain oxalates, formates, ammonia, &c., which have not been removed by any process of purification. The only way to arrest the production and sale of impure glycerine and other chemical and medical agents, is for physicians and consumers to *demand* of druggists a true and pure article, and use no substance, especially in medicine, because it is *cheap*.—*N. Y. Med. Gazette*.

EXCRETION OF UREA.—Dr. L. R. Noyes has communicated to the *Am. Jour. Med. Sciences* the result of four weeks' experimentation, to discover the effects of food and exercise upon the excretion of urea. The subjects had for years been accustomed to an almost exclusively vegetable diet. He concludes that the urea is a measure of the metamorphosis of the tissue, rather than of surplus albuminous matters in the blood. His tables, however, seem to show that it was increased by both. All four subjects lost weight during a week of animal diet. The quantity of urine was increased twenty per cent. The sp. gr. rose from 1,020 to 1,0245; the urea, however, rose 169 per cent. The total solids rose sixty-six per cent. The chlorides varied but little. The urea, then, was the substance chiefly affected by the change of diet. A vegetable regimen diminished the quantity of urine twenty-eight per cent. The sp gr. fell from 1,0245 to 1,020. The total solids diminished forty-two per cent. The urea fell seventy-five per cent. All the subjects gained in weight. He finds that during exercise the urea excreted is proportioned to the fatigue experienced. The subject who exercised most was accustomed to long walks, and suffered no fatigue. His urea was *diminished*, while the female, who took the least exercise, was more fatigued and excreted the greatest additional amount. Two cups of strong coffee were taken with each meal, instead of water, for another week. The urea increased fourteen per cent. No material change was noticed in either the quantity, the sp. gr., or the total solids. Again, the twenty-four hours were divided into two equal portions, in each of which he took one meal, both being alike exercised, and lay upon the bed the same number of hours; the only difference being that during the day he lay awake studying, while at

night he slept. The *quantity* of urine during the day was very nearly double that during the night. The sp. gr. varied from two to five degrees, being lower during the day. The *total solids* of the day exceeded those of the night by seventy per cent. The reaction of the night urine was strongly acid, while that of the day was distinctly alkaline. The urea during the day exceeded that of the night by thirty-one per cent.—*N. Y. Med. Gazette*.

TREATMENT OF DISEASES OF THE HEART.—Dr. S. O. Habershon, Physician to Guy's Hospital (*Guy's Hospital Reports*, 1867), lays down seven principles of treatment for diseases of the heart: 1st, to lessen its work; 2d, to insure regularity of action in avoiding all excitement; 3d, to lessen the distention of the right heart by purgatives, diuretics, &c.; 4th, to prevent syncope attendant upon exhaustion; 5th, to strengthen the fibres of the heart by suitable out-door exercise; 6th, to prevent fibrillation of the blood by suitable remedies, for instance, carbonate of ammonia; and 7th, to prevent secondary complications, such as pneumonia, pleuritic effusion, &c.

NORMAL VARIATIONS OF THE FREQUENCY OF THE PULSE.—The following are the conclusions of Dr. P. J. Prompt, from the result of quite an extended series of experiments published recently in the *Archives Generale de Medicine*.

The force of the heart can only be estimated by means of the mechanical work done by this organ in a given time. This work done is a constant element, and remains unchanged in value in the majority of diseases. This invariability of the work done by the heart results from the relation demonstrated by M. Marey, between the arterial tension and the frequency of the pulse. An analogous relation seems to exist between the frequency of the pulse and the temperature of the axilla, but in the actual state of the science, this relation is not yet sufficiently well proven. The frequency of the pulse is therefore a physiological element, the variations of which it is very important to determine, since these variations represent at the same time that of the arterial tension and of the axillary temperature.

Taken in a healthy adult, the frequency of the pulse gives three daily variations, and of course has three maxima and three minima. The first maximum takes place about five o'clock in the morning. This maximum coincides with the epoch most favorable for the nocturnal erection of the penis. There is, perhaps, a relation of cause and effect in this coincidence; at all events, the cause which determines the particular time of the nocturnal erection is not, as has been hitherto supposed, the distension of the bladder by the accumulation of urine.

The two other maxima correspond to the digestion of the meals. The three minima correspond to the period preceding breakfast, dinner, and

the hour of retiring; they are connected therefore with the various causes that may lead to a certain depression of the forces. These periodical oscillations of the pulse can only be obtained from the average of several observations. In the result obtained from any single day, they are marked by accidental perturbations. So the diurnal oscillations are not to be reckoned in the observations made at the bedside, since the observations are relative to each day, considered by itself. Among the accidental causes which tend to modify the frequency of the pulse, should be mentioned the taking of coffee, which augments the frequency.—*N. Y. Med. Gazette.*

BROMIDE OF POTASSIUM IN HYSTERIA.—Dr. L. L. Dorr, U. S. A., reports very favorably, in the *Pacific Med. & Surg. Journal*, upon the use of this remedy. His patient, he says, had sometimes ten or fifteen attacks during the night, and in the day-time any little unusual excitement would bring them on. Having an opportunity to watch the effect, and wishing to cause a decided impression, and as quickly as possible, he gave half-drachm doses three times daily; after four doses the patient complained of pain in the region of the kidneys, and he reduced the dose to fifteen grains, under which she rapidly improved, and in ten days was almost entirely relieved. Dr. Edgar, U. S. A., also reports "much success with the bromide of potassium in such complaints."

THE TREATMENT OF INFANTILE DIARRHŒA.—Dr. Buiz, (*Jour. Pract. Med. & Surg.*), expresses the following opinions, as the result of his experience, on this subject:

1. The diarrhœa of spoon-fed infants generally yields to the addition of a small quantity of bicarbonate of soda or of lime-water to the milk.
2. In summer-diarrhœa supervening without any tangible cause, from one-sixth to one-quarter of a grain of calomel three or four times a day, associated with an equal amount of ipecacuanha, will often be found efficacious. If the indisposition is consequent on exposure to cold, minute doses of opium are appropriate.
3. Chronic diarrhœa resulting from various causes may in most cases be checked with nitrate of silver, one-sixth of a grain of which may be exhibited without risk. This remedy is sometimes, however, rejected by the stomach, and should then be replaced by tonics and vegetable astringents.
4. Diarrhœa combined with anæmia and impaired nutrition, is often the result of a state of decomposition of the blood, for which the best remedy is the proto-iodide of iron. In such cases bismuth is frequently unavailing; whereas in doses of half a drachm three times a day, it is invariably successful against intestinal relaxations referable to tubercular ulcerations. The causes of intestinal catarrh are, however, so obscure, that in many instances the treatment must be empirical.—*N. Y. Med. Record.*

BICHLORIDE OF METHYLENE.—The Editor of the *London Medical Times & Gazette* speaks thus of this new anæsthetic:

We are happy to report that two ovariectomy operations have been successfully and painlessly performed under the influence of the new anæsthetic (bichloride of methylene) discovered by Dr. Richardson. The patients were operated on by Mr. Spencer Wells, Dr. Richardson administering the anæsthetic. In both cases the results almost surpassed expectation. In the first, perfect insensibility was produced in four minutes; in the second case, in about six minutes. In both instances, the patients glided, so to speak, into complete anæsthesia without a struggle. The second degree of narcotism, that of excitement, was almost wanting. There were no convulsive movements, and there was no vomiting. The pulse and breathing were remarkable for their entire accord, keeping throughout the normal ratio to each other. In neither case did the pulse rise more than eight or ten beats per minute. As during chloroform anæsthesia, the eyes were turned upwards, and the degree of insensibility could be determined by the insensibility of the conjunctivæ. One patient was kept under the influence of bichloride of methylene for three quarters of an hour, the pupils becoming slightly dilated. During inhalation there was no laryngeal irritation. Bichloride of methylene appears to differ from chloroform in the rapidity with which it produces anæsthesia, in the prolonged anæsthesia which results from its inhalation, and in the facility with which complete anæsthesia may be re-established by the reception of a very small quantity of the vapor when the effect begins to diminish.

OZENA.—Mr. Heath, in the *Lancet*, recommends, in addition to frequent washings, the application of tannin in solution with glycerine (tannin, one to two grains, glycerine, one drachm, aquæ, one ounce), and blown into the nostrils with a spray producer for the treatment of ozena. It has the advantage of more fully spreading through the cavity, and the method may be advantageously employed in those cases of polypus nasi in which the nostril is so completely blocked that the patient cannot snuff up.

MENTAL MEDICINE.—At the meeting of the Academy of Medicine, September 17, 1867, (*Gaz. Hebdom.*), Dr. Lisle read a note upon the treatment of cerebral congestion and hallucination by arsenious acid. The conclusions of his paper are the following:

The insane often present symptoms of cerebral congestion. This is always the case with those laboring under hallucinations. Of one hundred and ninety-three of the latter, treated by arsenious acid, one hundred and thirty-one, or sixty-seven per cent., were cured, and twenty-seven experienced a marked and permanent improvement. Hallucination, hitherto considered as a symptom of insanity, is simply a complication nearly always grave. It is the most characteristic

symptom of cerebral congestion. Arsenious acid is a remedy really specific in the disease. It is also very useful in cases of paralysis, incoherency, melancholia, etc., free from hallucinations, but presenting the evident signs of cerebral congestion. Arsenious acid, administered with prudence and watched with care, is one of the most inoffensive agents of the materia medica. The dose varies from five to sixteen milligrammes (one-thirteenth to one-quarter grain) administered three times a day at the beginning of each meal.—*N. Y. Medical Record*.

OVARIOTOMY.—Spencer Wells announces that he has performed ovariectomy two hundred and forty-four times; of the first one hundred cases, sixty-six recovered; of the second hundred cases, seventy-two recovered; and of the remaining forty-four, only six died,—a progressive diminution of mortality which speaks well for the operator, and the improvements in operative procedure.—*Pacific Med. & Surg. Jour.*

A NEW STYPTIC.—Perchloride of iron combined with collodion is a good hæmostatic for wounds, the bite of leeches, &c. To prepare it, one part of crystalized perchloride of iron should be added gradually and carefully to prevent the evolution of excessive heat, which injures the collodion. The composition, when well made, is of a yellowish red color, perfectly limpid, and produces on the skin a yellowish pellicle, which retains great elasticity.—*Ibid.*

TORSION VS. LIGATURE.—If we are correctly informed, Mr. Syme has bid adieu to the use of the ligature, save in the tying of the larger arteries. He employs torsion; and after this operation is completed, he clears out the wound, using a weak solution of carbolic acid and water (one part to thirty), and covers the whole over with a paste containing carbolic acid, chalk, and other ingredients.—*London Lancet*.

CHLOROFORM IN BILIARY COLIC.—Dr. Thomas Hill reports, in the *Richmond Medical Journal*, two cases of biliary colic—one in his own person—which were successfully treated by a teaspoonful of chloroform in a small cup of corn-meal gruel.

PEPSINE IN THE VOMITING OF PREGNANCY.—M. Gross has used pepsine, in doses of eight grains before meals, with great relief, in a case of obstinate vomiting in pregnancy.

DISINFECTANT PROPERTIES OF COFFEE.—Slightly roasted and ground coffee placed on a heated surface, such as a heated fire-shovel, will neutralize the vapors of ammonia and sulphuretted hydrogen.

BAKING POWDER.—To make baking powder, take carbonate of soda, six parts; tartaric acid, four parts; fine sugar, two parts; salt, one part.—*London Lancet*.

Kumboldt Medical Archives.

NEW SERIES.

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THERAPEUTIC VIRTUES OF PERMANGANATE OF POTASSA.

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By EDWARD MONTGOMERY, M. D.

For the past three years, I have been in the habit of using the permanganate of potassa quite extensively as an external or topical remedy, and also have very frequently used it internally with good effects. It is, however, to its very great efficiency as a local application, that I wish particularly to call the attention of the profession at this time.

About three years ago I had under treatment a most obstinate case of uterine disease, with which the bladder, and urethra also, became seriously involved, and after almost exhausting the materia medica for remedies, I tried the topical application of a solution of the permanganate of potassa, and the result was most happy and successful. The lady was much reduced by menorrhagia—generally flowed two weeks each month, and during the other two, had a semi-purulent discharge; the os and cervix uteri were large and spongy looking; the vagina and urethra were very sensitive and tender, and there was great irritability of the bladder, frequent micturation and dysuria—urinating often, in small quantities, and with great suffering.

I injected a solution of permanganate of potassa (three grains to six ounces of water) into the bladder, let it remain for about

five minutes, and then allowed the patient to void it herself. I also sponged out the vagina perfectly, and applied a strong solution (five grains to the ounce of water) to the os and cervix uteri, and to the vaginal walls. The relief was almost immediate, and for the first time for many weeks she could retain her urine for five or six hours at a time.

I had to continue the vesical injection but a few days, as all dysuria soon disappeared; but I painted the os uteri and vagina, and also introduced some of the solution into the canal of the cervix, every day, for about three weeks, when the prolific crop of small ulcers, and the foetid leucorrhœa entirely subsided. The singular feature of this case is, that the severe menorrhagia never returned; the menses are quite normal and regular. The incontinence of urine and irritability of the bladder have not returned, and the leucorrhœa which returned two or three times, was promptly arrested by a few applications of the permanganate.

Since my happy experience in this case I have applied this remedy in every case of urethritis, cystitis, vaginitis and metritis which has occurred to me, and I can now speak positively and confidently of the superiority of this agent over nitrate of silver, sulphate of zinc, persulphate and perchloride of iron, perntrate of mercury, iodurated iodide of potassium, or any of the other local applications generally employed. In cystitis its therapeutic action is wonderfully happy; there is no occasion for injecting with morphine after its employment, for of itself it soothes the pain and effectually allays the irritation. Of course I use at the same time general treatment and proper hygienic and dietetic measures.

The permanganate will afford an easy and efficient means for the eradication of the small vascular tumors of the mucous membrane, so often found about the meatus and in the urethra itself. Even small soft polypi will soon disappear under the application of a strong solution of this salt; and the small superficial ulcers and condylomata, so often observed around the os and cervix uteri, will promptly yield to the same treatment.

Every physician in active practice not unfrequently meets

with females complaining of an uncontrollable desire to urinate every half hour or every hour, voiding small quantities of healthy looking urine with great pain, and tenesmus, but with no signs of blood, or tenderness of the urethra or of the bladder. A catheter or sound can be easily passed, and there are no constitutional symptoms of a serious character, and yet we give opiates by the mouth and by suppository, administer soda and potassa, or the mineral acids, with infusions of buchu, pereira brava, uvæ ursi, hyosciamus or belladonna, and only temporary relief is obtained;—but with these constitutional remedies, let us add the topical treatment of permanganate injections, and a very prompt cure will immediately ensue.

A very strong solution, say thirty grains to the ounce, will always relieve the pain of a whitlow or a carbuncle, and in some cases arrest the malady entirely.

Odontalgia has promptly yielded to the application of about a grain of the crystal to the hollow tooth, in several cases wherein I have used it; and it will also greatly relieve the itching in vulval pruritus, and the tender soreness of herpes zoster. It also seems to exert a salutary influence in cases of eczema, ichthyosis, and psoriasis, but in these last mentioned diseases my experience of the remedy has not been extensive enough to warrant me to speak too confidently in regard to it.

Its well known efficacy in foul ulcers, hospital gangrene and ill conditioned abscesses, has often been adverted to by surgical writers. Whether it possesses equal or superior advantages to carbolic acid, chromic acid or bromine in these cases, I greatly doubt, but I am fully satisfied by the frequent trials I have given it, that I know of no therapeutic agent so promptly and happily efficacious in urethritis, cystitis, vaginitis, cervicitis and fluor muliebris as the permanganate of potassa.

ENLARGEMENT OF THE PROSTATE, AND STRICTURE OF THE URETHRA.

By T. H. HAMMOND, M. D.

In December last I was consulted by a tailor, æt. 54, a native of Scotland, who had great difficulty in passing his urine; the stream was small or came by drops; he had to urinate very often, and on some occasions he had suffered from retention.

Two things—enlarged prostate and stricture—immediately suggested themselves to my mind as probable causes of the difficulty.

Sir Henry Thompson, of London, says, that “hypertrophy of the prostate exists in about 34 per cent of men at and above 60 years of age; * * * that it produces marked symptoms in about 15 or 16 per cent.” He says that between 55 and 65—and rarely after 70—is the period of life at which hypertrophy of the prostate most commonly begins to be developed, and that he has never met with it as early as 50 years. He arrived at these conclusions from examining after death, the prostates of a large number of old men.

Prof. Van Buren, of New York, says enlargement of the prostate is rarely met with in men under 50 years of age, yet he has seen symptoms of urinary obstruction from it as early as 47 (Medical Record, vol. 1, page 376). My patient being 54, enlargement of the prostate was not improbable.

The principal causes of stricture are gonorrhœa, strong injections, injury, such as falling across a beam, &c., and spasm; this latter, however, is often, and, perhaps, generally associated with organic stricture or other organic lesion. The existence of spasmodic stricture was long denied, on the ground that there were no muscular fibres to produce it; but it is now known that muscular fibres of the involuntary kind surround the urethra throughout its entire extent. Kolliker first published an account of them. The voluntary muscles which surround a portion of

the urethra may also produce spasmodic stricture; yet, strange to say, I know an eminent teacher of surgery who still says, that "we can no more have a spasm of the urethra than of the 'thigh bone,'" because, as he alleges, there is no muscular tissue to produce it.

My patient's history was as follows:

He had severe and long continued gonorrhœa in 1860; it had lasted more than a year, and had been treated by injections, the strength and character of which I could not learn. I mention this particularly, as it is well known that strong injections, as ten or more grains of nitrate of silver to the ounce, are a very fruitful cause of stricture and should never be used. Mild injections, however, do not produce stricture.

The case was just such as should lead us to suspect stricture.

It is an old and good rule among surgeons that in all cases of long standing urethral discharge, we should examine the patient for stricture. I examined this man's urethra with the "bougie a boule," and found that he had two strictures. The first was two inches and three-fourths from the meatus; and was a half inch in length; would admit an instrument about No. 8, English scale; was not tender; did not bleed, and was dilated with great difficulty. The second stricture was five inches and five-eighths from the meatus. Not having a "bougie a boule" of less size than No. 5, and being unable to pass that size, I was not then able to determine the length of the second stricture, but I afterward found it to be five-eighths of an inch. The most common seat of stricture is about five inches and a half from the meatus. If we have but one stricture it will almost certainly be at this point, unless it be traumatic in which case it will generally be about an inch further back; if we have several, one of them will be at this point.

Having found stricture, which had evidently existed for seven years—his difficulty of urinating had existed for about that time, and had been steadily increasing—my next step was to examine the urine in order to aid me in making an intelligent prognosis. I thought it probable I should find the urine alkaline and ammoniacal, and containing crystals of the triple phosphates, albumen,

casts, and perhaps pus. The alkalinity and ammoniacal character of urine and the presence of the triple phosphates are due to retention and decomposition. The return of previously reddened litmus to its former reddish-brown color, after having been turned blue by dipping into the urine demonstrates the presence of the volatile alkali, ammonia. This may also be done by smelling the urine. The presence of albumen may be due to disease of an inflammatory character, extending from the bladder along the ureters to the kidneys; or to disease of the kidneys produced by the pressure of the urine from the distended bladder and ureters; or to the admixture of blood; or to pus which may be the result of cystitis produced by distention and acrid urine (liquor puris contains albumen); hence, in all these cases, when we find albumen we should examine the urine under a microscope. If we find "casts," there is renal disease; if we find pus corpuscles, there is cystitis; if we find both casts and pus corpuscles, we have both renal disease and cystitis. If renal disease exists the prognosis is unfavorable, for, though we may cure the stricture, we may not be able to repair the kidney lesion; if there is no renal disease the prognosis is more favorable. In the case now in question I found the urine acid, and free from albumen, which, I thought, rendered further examination unnecessary.

My patient thought he had "the gravel;" had been in the hands of clairvoyants, spiritualists, electricians, jugglers, &c., and had taken many "bottles of stuff" from many doctors. (!) When I commenced treating him on the 18th of December, nothing but a small elastic bougie could be passed into the bladder. When a stricture is very tight it is better always to use a flexible bougie, as there is great danger (particularly in inexperienced hands) of making a false passage in using a metallic instrument, smaller than about No. 7. While, therefore, I used a conical steel sound for dilating the first stricture, I used a small elastic conical bougie for the deeper one, and being certain from the manner in which the instrument was "*held*" by the stricture, that I was not in a false passage, I was able, by using considerable force, but very gradually and cautiously applied, to demon-

strate its dilatability by introducing the bougie a little further each time.

On the 9th of January—about three weeks after commencing the treatment—I succeeded in passing a No. 7, conical steel sound, and now with a “bougie a boule,” determined that the stricture was five-eighths of an inch in length.

This stricture was much more dilatable and much more tender than the first.

According to the teachings of Prof. Van Buren, I always let the sound or bougie remain in the urethra about two or three minutes. This, he says, is about the proper time, and five minutes the maximum time a sound should remain, except in cases in which there is very great difficulty in introducing even the smallest instrument; in such cases the catheter is sometimes allowed to remain twenty-four or forty-eight hours, or even longer. This is termed continuous dilatation. Sir Henry Thompson's directions as regards the time a catheter or sound should remain are similar to those of Prof. Van Buren. Many authorities direct that the catheter should remain fifteen or twenty minutes, and even half an hour, but say that in the beginning of the treatment it should remain but a few minutes. In this case, I passed the sound about every third day, waiting a day or two longer if the soreness had not subsided.

Jan'y. 30th. The strictures were now so dilated that a No. 13 steel sound was introduced, which was the largest size that would enter the meatus.

Feb'y. 23rd. I slit the meatus by entering a knife and cutting downward, after which I passed a No. 14 steel sound.

Now why do we slit the meatus and pass a larger sound?

Because the more we dilate the stricture, the more slowly and less surely will it return.

Prof. Van Buren's experience has taught him “that the employment of steel sounds of the largest diameter which the urethra will admit without painful distension of its healthy portions, affords the best chance of curing strictures without danger of relapse.” In many cases he carries the dilation to No. 18, English scale, which is the standard generally adopted in this country,

or at least in New York City; and when he has finished treating a patient he orders for him a steel sound of the largest size that will pass without pain, and directs him to introduce it regularly once a week in some cases and in others once in two weeks. If this be omitted the stricture will probably return after a longer or shorter period. He believes that the diameter of the urethra and its capacity for dilatation are generally underrated, and shows by casts or moulds of the urethra, that its diameter at several points is half an inch, or even more. He says that he not unfrequently meets with urethras that will receive a No. 18 instrument, and relates the case of a Russian, whose urethra admitted that size with great ease, and that he regretted not having a larger instrument to try.

Sir Henry Thompson, in one place in his treatise on stricture, published in 1858, says that he has frequently used No. 16. In other places he mentions nothing higher than Nos. 12 or 13; nor does it appear that he had been in the habit of ordering a sound or bougie for his patients to use after he had finished treating them. From a more recent article (Braithewaite, July, 1867) it seems that he now uses No. 18, and in the same article we find the following: "We know that without the subsequent use of the bougie, no treatment whatever can be relied on as permanently useful."

We often do the patient comparatively little good if we use a sound of the ordinary size only—introduce it a few times, and dismiss him without a sound for subsequent use. The period of time through which such cases are usually treated is too short, the dilatation has not been sufficient, and the stricture, sooner or later, will surely return.

The meatus is the smallest portion of the urethra, and, ordinarily, ranges in capacity from a No. 12 to 16 instrument; sometimes it is abnormally small. It is also the most undilatable portion of the urethra—indeed it is very slightly if at dilatable, and all attempts to dilate it only cause much pain, and may make the orifice very sore.

For the introduction, then, of an instrument of the size recommended by both Prof. Van Buren and Mr. Thompson, it is often

necessary to slit or incise the meatus, and for so doing we have the authority of Guthrie and Civiale in addition to those already mentioned.

For dilating a stricture, conical steel sounds are the best. They should be of proper curve and highly polished. The curve of many sounds and catheters in use is much too large. The curve should be that of the fixed or least moveable portion of the urethra, which has been demonstrated by many experiments upon the cadaver to be about three tenths of a circle, the diameter of which is three inches and a quarter, and this curve should continue to the end of the instrument instead of being straight for the last half inch or inch, as is frequently the case.

Sir Henry Thompson says experience proves that sounds and catheters of this curve pass more easily than others, and Prof. Van Buren is very particular in having his made of this curve.

Strictures having a traumatic origin are the worst cases with which we meet.

Civiale says, "These strictures are for the most part very serious; they are difficult to cure, and often irremediable by the ordinary methods of treatment." A few years ago Professor Van Buren had succeeded in curing but one case out of nine by dilatation. I cannot determine whether Mr. Holt considers his method of "splitting" adapted to all these cases or not. He treated one case with a good result. This form of stricture is well treated by an operation—external urethrotomy or perineal section. It has been the practice among surgeons, and directed by all the text books, even the most recent that I have seen, to tie a catheter in the bladder after this operation. Professor Van Buren and Dr. Gouley of New York omit this and get much better results. Prof. Van Buren noticed that a urethra upon which he performed the perineal section, for traumatic stricture, and in which he tied a catheter for nearly five weeks, ever afterwards presented a hardness and rigidity of its walls throughout its whole extent, which he attributed to the "suppurative inflammation and submucous exudation caused by the long retention of the catheter in the canal." He also noticed that not unfrequently the catheter

produced sloughing through the floor of the urethra, at the angle of junction of the penis with the scrotum.

Cystitis, calculous formations, ulceration of the bladder, and even fatal peritonitis are enumerated as having been produced by the long presence of the catheter. It also interferes with the healing of the wound, and may thus produce permanent perineal fistula.

Surgeons have tied the catheter in the bladder to prevent the escape of urine through the wound; this it does not do perfectly, nor is it necessary, as is demonstrated by the fact that the urine flows through the wound after the operation of lithotomy, and a fistula following this operation is very rare. For this reason Prof. V. long since adopted the practice of leaving the catheter in the urethra but forty-eight hours; further experience has satisfied him that it is better to omit even this.

Both Prof. Van Buren and Dr. Gouley pass a large sound into the bladder to be sure that the canal is open throughout the whole extent, and the sound is then withdrawn. In one of their published cases a No. 14 sound was introduced at the time of the operation; then daily for five days, and finally every second day. In another case, No. 17 was introduced at the time of the operation, and not introduced again until the fifth day, after which it was introduced every second day until the cure was completed.

The best instrument for examining the urethra when we suspect stricture, is the "bougie a boule." We should select the largest size that the meatus will take, as anything that enters this orifice should pass into the bladder without difficulty. If we meet with obstruction, due to the spasmodic action of the muscular fibres which surround the urethra, this will be overcome in a few minutes by the gentle pressure, at the same time distracting the patient's attention. If the obstruction is not thus overcome, we have, in all probability, encountered a stricture. We must substitute smaller sizes until we get one that will pass the obstruction, which it does with a "jump" that is very perceptibly felt, and may even be seen for a considerable distance.

If, when the bougie is arrested, we tie a thread around it

just at the meatus, and, when we have passed the stricture, another thread as before, and on withdrawal, we find the first thread five and a half inches from the end of the bougie, and the distance between the threads half an inch, we have the distance of the stricture from the meatus, and its length. We should at the same time consider its degree of tightness and sensibility.

I was surprised to see stated in a recent medical journal, that the olive-pointed bougies were of great utility in cases of enlargement of the prostate. I cannot see that any good would be accomplished by the use of *any bougie* in such cases. The urine is prevented from passing by the pressure of the enlarged prostate upon the flaccid walls of the urethra, and we cannot by any means prevent this pressure, neither can we cause the urethra to resist the pressure in the least. We may, however, use an elastic *catheter*, or a silver one *with a large curve*, and, much to the surprise of the patient, who may think he has been passing his water freely enough, draw off a quart or more of foetid, ammoniacal, purulent, albuminous urine, containing crystals of the triple phosphates. The indications are to draw off the urine regularly, and wash out the bladder by injecting warm water. In this manner cystitis may be cured; and then, having taught him to pass it, we must give our patient a suitable catheter. Bad cases must rely entirely upon the catheter, but others may use it twice in the twenty-four hours to evacuate the bladder thoroughly, passing the urine at other times as freely as possible in the natural way.

The diagnosis of enlarged prostate is made by introducing the finger into the rectum, when, if the prostate be enlarged, it may be distinctly felt. We may at the same time introduce a sound into the bladder and make a kind of conjoined manipulation. Sometimes one lateral lobe is more enlarged than the other, in which case, if we introduce the sound the handle turns *towards* the side which is most enlarged.

In that form of enlargement denominated *centric* hypertrophy, the development is towards the centre of the organ or neck of the bladder. This is the worst form as it obstructs the flow of the urine, even while the enlargement is slight. As no enlarge-

ment is felt upon introducing the finger into the rectum, we must arrive at the diagnosis of this form of the affection by exclusion. This form of enlargement has been greatly overlooked. Sir Henry Thompson was the first to describe and name it, (*Diseases of the Prostate*, p. 92,) and he devotes but a portion of a paragraph to it. Professor Van Buren calls attention to it in some cases which he reported in the *Medical Record*, vol. I, page 1.

There are no remedial agents known by which enlargement of the prostate may be prevented or arrested, though it should not necessarily shorten life.

FRACTURES OF THE HEAD OF THE HUMERUS.

By E. A. CLARK, M. D., Resident Physician, St. Louis City Hospital.

Every surgeon who has had much experience in treating fractures about the head of the humerus can testify to the great difficulty of maintaining the fragments in apposition, even with the most ingenious appliances, amongst which those of Desault, Sir A. Cooper, Fergusson, Erichsen, Welch, Richerard and Dupuytren are most generally used. The very fact that the means of treating these fractures have been changed and modified by so many distinguished surgeons, is sufficient evidence of the difficulties to be encountered in adapting any apparatus to correct the deformity most usually found to exist in these injuries.

In speaking of fractures of the head of the humerus, I refer only to that portion of the bone above the attachment of the latissimus dorsi and pectoralis major muscles. This would embrace—external to the capsular ligament—the tubercles and surgical neck, in the latter of which fractures most frequently occur from direct violence; yet fractures not unfrequently occur through the tubercles from the same cause, and in both cases, there is always more or less displacement, where the fracture is complete and not impacted. Fractures of the anatomical neck are not so often attended with displacement, or shortening, but even here it is not uncommon from the great violence required to produce the fracture, to find the capsular ligament ruptured and

one or both fragments displaced. In all cases of fracture occurring outside of the capsule, where there is no impaction, there must be more or less displacement of the upper fragment from the contraction of the muscles attached about the tubercles. It is on this account that none of the appliances in ordinary use, such as pads in the axilla, and cap splints over the point of the shoulder, can be made effectual in maintaining the bones in apposition; because it is impossible to place any kind of compress in the axilla, that can be brought to bear upon the upper fragment, without producing an amount of pressure on the axillary vessels intolerable to the patient, while it would be a rare and peculiar fracture that could be kept in apposition, where the upper fragment and muscles attached to it, were allowed to go unrestrained, even though the shaft of the humerus might be maintained in its proper axis by the use of a pad in the axilla.

Where there is shortening of the limb, as is almost invariably the case in fractures at the surgical neck, none of these appliances could have the least influence in correcting such deformity, further than that the pressure from the badages might control the contraction of the muscles.

In fracture of the anatomical neck with laceration of the capsular ligament attended with displacement, the pad in the axilla would be likely to increase the deformity, and it certainly could in no wise correct it.

The accompanying woodcut represents a method I have employed which is not open to the above objections. The appliance consists merely of two strips of adhesive plaster about three inches in width, applied to the



internal and external surface of the arm as high as the upper part of the middle third of the humerus. These strips are bound to the arm by a roller bandage, and at their lower end, beneath the point of the elbow, are attached to a cord, to which a sand-bag is attached, weighing, ordinarily, from three to four pounds.

This sand-bag, as represented in the diagram, is attached close to the point of the elbow when the patient wishes to walk about, by knotting the cord by which it is suspended, and when he lies in bed, the knot in the cord, as seen in the cut, is loosed, and the cord carried beneath the bed clothing over a small pulley placed at the foot of the bed, and in this way an equal extension is constantly kept up, whether the patient be confined to his bed or is able and prefers to walk about.

When using this apparatus for treating these fractures, I apply no other dressing, and entirely ignore the compress in the axilla, as useless, if not positively injurious. The constant traction upon the muscles soon exhausts their tonicity, so that they allow the bones to fall into their natural position, while the extension being constantly in the line of the axis of the humerus, it is quite impossible that any displacement should continue, either laterally or of an angular character, or that any shortening should result.

I have, as yet, treated but one case of fracture of the surgical neck of the humerus by this method.

The patient was a stout muscular man, aged 33 years, who had fallen some twelve feet, striking the point of the shoulder upon the ground, causing considerable contusion of the soft parts besides the fracture, which was considerably displaced, by the lower fragment projecting outward; there was also shortening to the extent of three-fourths of an inch. The patient complained of constant and severe pain at the point of fracture until the third day, when the above apparatus was applied, with the effect of relieving the pain almost instantly. At the end of seven weeks the dressing was removed and the union in the fracture found to be firm, without any displacement or shortening, and in ten days after, the patient was discharged from the hospital with perfect use of his arm.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by A. J. STEELE, M. D., Recording Secretary.

NECROSIS OF THE FEMUR.

Dr. Leete presented a specimen of necrosis of the femur and accompanying ankylosis of the knee-joint which he had removed the day previous:

The patient was a lad fourteen years of age. Eight years ago he had injured the knee in breaking corn-stalks over it, and a severe inflammation had rapidly ensued, attended with much pain. The case had come under his observation five months previous; the part was then much swollen, and was discharging pus through several sinuous openings. Sustaining treatment with local injections of solution of permanganate of potassa, were then prescribed and were continued until the day of operation.

Dr. Maughs inquired whether the boy was laboring under a strumous diathesis or other cachexia. He thought it probable that the disease had primarily been constitutional, and that such tendency existing, the exciting cause as given was sufficient.

Dr. Kueckelhan suspected there had been some injury of the bone which would sufficiently account for the after trouble.

Dr. Hammer believed that an hereditary strumous diathesis had no modifying influence in such cases, and that here there had been a primitive inflammation of the knee-joint with its usual results—formation of new deposits, thickening of the surrounding tissues, etc.—resulting in the so called “white swelling,” and that a secondary inflammation had set in, involving the lower end of the femur, and resulting in necrosis. An examination of the

specimen would show that nature had made some effort to get rid of the necrosed portion, and, possibly, in a few years might have succeeded in so doing; then the case would have completely recovered so far as any appearance of cachexy was concerned.

Dr. Leete was apprehensive that the amputation had not been made sufficiently high to remove all the diseased bone, for the upper end of the specimen was somewhat softened.

Dr. Hammer replied, that softened bone need not necessarily be removed; bone may be thus affected and still perfect repair take place.

Dr. Spinzig believed that in injuries of the joints the proper surgery was amputation, for the reason that if an attempt be made to save the joint, destructive inflammation may supervene, followed by septicæmia with too often a fatal termination. The degenerative character of the discharges from joints in such cases was shown by the discoloration of the adhesive strips applied.

Dr. Hammer said that the blackening of the plaster by morbid matters was not confined to these cases, but was found equally often elsewhere, being due to the combination of the lead of the plaster with the sulphur of the discharge. Many cases treated on the conservative plan had resulted successfully, not so generally, however, in military as in civil practice.

HYPERTROPHY OF THE HEART.

Dr. Hall presented a specimen of hypertrophy of the heart and consequent valvular insufficiency, of rheumatic origin:

In the dilatation and eccentric enlargement of the organ, the auriculo-ventricular valves of both sides had been rendered inefficient in their action by the tension of the chordæ tendineæ, which had undergone no increase in length. The specimen was thought to be exceedingly interesting.

EXSTROPHY OF THE BLADDER.

Dr. Shumard presented a case of exstrophy of the bladder:

The patient, a female child, eight years of age, was under his charge at one of the charitable institutions of the city. The posterior wall of the bladder was represented by a delicate fleshy

mass an inch or more in breadth and having the ureters opening directly upon it at the sides. The mucous membrane covering the tumor was of a bright-red color, tender and irritable, as shown by exclamations of the patient during examination. Dr. S. thought the tumor contained sphincter muscular fibres, as the urine was often passed in a jet.

Dr. Hammer suggested that this might rather be owing to the presence of receptacles formed by dilatation of the ureters just behind their openings.

Dr. Dean was of the opinion that this might be occasioned by abdominal pressure, as in straining.

Attention was called to the sulcus or longitudinal groove in front of the tumor, as representing the posterior wall of the vagina, and the prominences as corresponding to the labia. It had been observed that the power of locomotion was impaired, owing, doubtless, to the arrest of the development of the anterior part of the pelvis.

Dr. Watters spoke of a number of interesting phenomena consequent to arrest of development of the "abdominal plates" in the thoracic and abdominal regions.

Dr. Hammer referred to some facts in embryology, showing in what manner the urachus and bladder were formed of the allantois, and stated that the malformation in the case presented was owing to an absence of the anterior portion of the allantois, and a junction of the lateral plates continuous with the posterior wall of the bladder. Plastic operations for the cure of such deformities had been unsuccessful, and in case a receptacle were formed, no advantage would result to the patient, as the urine could not be controlled, but would constantly dribble away as secreted.

SAINT LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives, by W. B. OUTTEN, M. D., Recording Secretary.

IMPROVED CATHETER.

Dr. Youngblood called the attention of the Society to the design of an instrument by means of which the physician might avail himself of different degrees of temperature—either heat or cold—in the treatment of diseases of the urethra. The instrument was merely a modification of the double catheter, by closing the fenestra, and having a communication between the two sides of the catheter at its point. By means of this instrument and a suitable syringe, any desired degree of temperature could be sustained, by passing through the instrument a stream of water of a corresponding temperature.

The plan of the instrument had been suggested by reading in a recent number of the ARCHIVES the account of several cases of spermatorrhœa successfully treated by the introduction of sounds previously reduced to a low temperature by being immersed in ice water.

ATRESIA VAGINÆ.

Dr. Gregory reported a case of successful operation for atresia of the vagina. The history of the case was as follows:

The woman had had pelvic cellulitis; an abscess had opened into the vagina, and the atresia was a consequent result of the inflammation. She had since menstruated regularly, but an ordinary vaginal examination revealed the presence of no os uteri; neither was it possible in the "left lateral semi-prone position" to detect the orifice through which the menstrual flow escaped; but by placing her on her back, he was able to detect a small valvular opening in the vaginal *cul-de-sac*, through which the sound could be passed, but could not be made to enter the uterus. A director was introduced into the orifice, and the occluding membrane sufficiently incised to admit the rather forcible introduction of the finger, with which a mass of adhesions

surrounding the neck of the womb, and agglutinating it to the vaginal walls, was broken up. The occluding membrane was then seized with the vulsellum, drawn down, and excised with the scissors. The succeeding treatment consisted principally of the frequent introduction of the finger, to break up and prevent any subsequent abnormal adhesions.

Dr. Hammer took exception to the term atresia. Atresia, he said, meant occlusion—want of perforation; atresia vaginæ, meant perfect occlusion of the vagina, and the application of the term to any other condition was an improper use of it. In the case reported there was not perfect occlusion, and it was therefore more properly a stricture of the vagina. He then referred to a case of atresia—perfect occlusion—of the vagina, upon which he had operated successfully.

Dr. M. A. Pallen argued in favor of the correct application of the term to the case in question, and cited authors to sustain his position.

Dr. Maughs said that notwithstanding the term was applied by some *récent* writers to partial occlusion of the vagina, it was a *loose use of language*, and wholly unwarranted by the signification of the *roots* from which the term is a derivative.

SPECTROSCOPE.

Dr. Hurt called attention to a recently reported case of the use of the spectroscope in a medico-legal case, and also referred to its availability in the examination of specimens of pathological anatomy.

Drs. M. M. Pallen, Stephens and Hammer thought it possessed no advantages over the microscope.

SUPERNUMERARY TOES.

Dr. Hammer gave an account of the recent removal by him of supernumerary toes—an additional great toe from each foot. In addition to being “web-footed,” the peculiarities of the case were, that the supernumerary toe, which was larger than the normal “big toe,” was composed entirely of soft tissues, contained no bony structure, and had the nail developed, which is seldom the case in these anomalies.

THE YOUNG MEN'S MEDICAL ASSOCIATION OF SAINT LOUIS.

A. J. STEELE, M. D., Recording Secretary.

Since the date of our last report, April 15, the meetings of the Society have been held as usual.

Members present, Drs. Anderson, Baldwin, Blickhahn, Bond, Coleman, Drake, Grissom, Guhman, Kingsley, J. J. McDowell, Niehaus, Outten, Pallen, Steele, Whipple, and Youngblood.

A paper on uterine hæmorrhage was read by Dr. Pallen, in which the subject was very fully considered; the author advocated injections of the womb for its arrest in severe cases, and gave a number of statistics in which such treatment had been eminently successful; he apprehended but little danger in their use if the mouth of the womb was well dilated.

Dr. Youngblood said that he had observed a statement in the Humboldt Medical Archives, to the effect that Dr. Chas. Bliss, of Syracuse, N. Y., recommended, for the treatment of spermatorrhœa, metallic sounds, reduced to a low temperature by previous immersion in ice-water, the local application of cold seemingly producing a very happy effect in this unfortunate complaint. As a substitute for the sound, which must very rapidly become of the same temperature as the urethra, and thus lose its beneficial action, he proposed a modified double catheter—such as is used in injections of the bladder. The fenestra should be closed, and the internal partition carried only to within a fourth of an inch of the bottom of the instrument, which being introduced, a continuous stream of cold water could be made to pass through it, and thus the temperature of the part be kept low and equable for any length of time. In the treatment of gleet and other affections of the urethra this must answer a good purpose. The Society thought well of the suggestion.

That the benefits of the Association might be more general, and not so exclusively for young physicians, it was deemed best,

at a recent meeting, to raise the limitation of age to forty years, and to change the name to the "St. Louis Medico-Chirurgical Society," make its objects more general, and obtain a charter—on all of which, with the hearty concurrence of the members, immediate action was taken.

Hereafter our reports will be of the St. Louis Medico-Chirurgical Society.

THE AMERICAN MEDICAL ASSOCIATION.

The nineteenth annual meeting of the American Medical Association was held at Carroll Hall, Washington City, D. C., on Tuesday, the 5th of May.

The meeting was called to order at 11 o'clock, A. M., by the President, Dr. S. D. Gross, of Philadelphia, and prayer was offered by the Rev. Dr. Pinckney, of Washington City.

Dr. Grafton Tyler, of Georgetown, D. C., on behalf of the Committee of arrangements delivered the address of welcome, in which he remarked that the medical profession of the National Capital had gladly anticipated the coming of their professional brethren and provided for them in the spirit of fraternity and hospitality. Delegates were present from the East, West, North and South, and it afforded him joy and happiness to welcome them, not as strangers, but as members of a common brotherhood in science, to the city, which, bearing the immortal name of the "Father of his Country," was the home of all his country's people.

They were assembled to consider the most important interests confided to man, the health, the happiness, the social order, the domestic comfort of individuals, of communities, of nations, of the world—he said, of the world—for not only individuals, communities and nations, but all mankind had received and acknowledged the blessings of American Medical Science. Nothing, he said, had contributed more to the success and advancement of the science of medicine than the establishment of associations and societies. The American Medical Association, he said, was

strictly national in its organization, and only professional in its aims and purposes. Inspired by a desire for the advancement and dignity of the profession, its members come together as a common brotherhood in science, and uniting in one grand concert to celebrate her truths, lay upon her altars the free gifts, and never fading offerings of wisdom and humanity.

At the conclusion of the address, which was warmly applauded, the president announced the programme of business, after which the roll was called.

The president, Dr. Gross, then delivered his inaugural address, which occupied about an hour.

He expressed his gratitude for the distinguished honor conferred upon him. For this mark of confidence and respect, he could only promise to do his duty impartially, and, as far as possible, expedite the business of the Association. He then explained at length the object and ends of the profession, the advancement of the science, the brilliancy of the rank now attained by American medical men in the ranks of the profession throughout the world, the great good the Association had done in the past twenty years by its annual meetings, and the continued good promised by its uninterrupted gatherings. He gave at length his views on the reception of prize essays on medical subjects, and the duties of professors of colleges, the management of hospitals, &c. He spoke in eloquent and impressive language of the departed members of the Association, and was exceedingly brilliant in his hopes and sanguine expectations of a bright future for our great Republic; entreated the medical fraternity to go on doing good, throughout the length and breadth of the land, and, in conclusion, again thanked the Association for the honor conferred upon him.

On motion the address was ordered to be printed.

The regular order of business next followed, and the committees were called. Most of them responded promptly, and their reports were referred to the appropriate sections.

Rules were adopted that the general meetings of the Association would be restricted to the morning sessions, and that the afternoon sessions commencing at three o'clock would be devoted

to the hearing of reports and papers and their consideration in the following sections:

1. Chemistry and Materia Medica.
2. Practical Medicine and Obstetrics.
3. Surgery and Anatomy.
4. Meteorology and Medical Topography.
5. Medical Jurisprudence, Hygiene and Physiology.
6. Psychology.

The Association then adjourned to meet at 9 o'clock, A. M., next day.

In the evening a scientific entertainment was given to the Association at the Army Medical Museum. Almost the entire delegation was present, as also a large number of government officials. After spending several hours in examining the large collection of anatomical specimens in the upper halls, the guests had the pleasure of witnessing one of the finest and most interesting microscopic exhibitions ever witnessed in this country. The exhibition was conducted by Dr. J. J. Woodward, U. S. A., and all present manifested their admiration of the success attained in photographing anatomical specimens, by enthusiastic applause.

SECOND DAY.

Pursuant to adjournment the Association met at 9 o'clock, the President, Dr. Gross, in the Chair.

A number of distinguished visitors were present and occupied seats on the platform—among them Professors Stone, of New Orleans; Smith, of Baltimore, and Marsden, of Canada, and also Prof. Gange, of the Prince Albert Veterinary College, London, who was an invited guest.

The report of the Committee on the topics embraced in the President's address was received, and their suggestions ordered to be placed in the form of resolutions.

Dr. Cox, Chairman of the Committee on Alterations in the Constitution of the Association, and to Revise the Plan of Organization, presented a report advising many changes in the laws and orders governing the admission of members, and many amendments to the Constitution. The report was ordered to be printed,

and placed on the minutes of the proceedings to be acted on at the next meeting of the Association.

A number of papers were received and referred to the various committees, after which the Association took a recess of fifteen minutes, to give the various State delegations an opportunity to select members from their respective States, to form the nominating Committee to nominate all officers for the ensuing year.

The Association reassembled at 10½ o'clock, and after the reading of the names, and their acceptance, it was resolved that the Committee retire at once to organize.

A number of names of physicians were received as candidates for membership of the Association, and were referred to the proper committee.

A communication was received from the medical fraternity of New Orleans, inviting the Association to meet in that city at their next annual meeting. A letter was also received inviting the Association to hold its next annual meeting at Fauquier, White Sulphur Springs, Va. Both were referred to the Committee on nominations.

Dr. Palmer, Chairman of the Committee on Medical Education, submitted a report of some length, which was listened to with marked attention by the Convention. It was referred to the Committee on Publication, and ordered to be printed.

Dr. Mendenhall, Chairman of the Committee on Medical Literature, submitted a report in great detail, which was referred to the Committee on Publication.

On motion, the Chair was authorized to appoint a Committee of delegates to attend the Medical Convention at Montreal, Canada, in September next.

The report of the Committee on Medical Ethics, submitted yesterday, declaring *all* persons possessing a regular medical education entitled to membership in this Convention, was taken up and read.

The resolution was as follows:

RESOLVED, That the question of sex has never been considered by the Association in connection with consultations among medical practitioners, and that, in the opinion of this meeting, every

member of this body has a perfect right to consult with any one who presents the "only presumptive evidence of professional ability and acquirements required by the Association," viz: a regular medical education.

Dr. John Atlee, of Pennsylvania, delivered a vigorous speech in favor of the recognition of female medical practitioners:

In other countries women had achieved the highest honors as medical practitioners, and he thought that what could be done in France and Germany could certainly be honorably done in the United States.

Dr. D. F. Condie, of Pennsylvania, said it was his firm conviction that the mass of women would achieve higher honors in following the line of duty which had been marked out for them in the order of nature, and could thus do more good than by turning out as physicians. He did not deny, however, that women could be excellent physicians. There have been many eminent female medical practitioners in Europe, and the opportunities were equally favorable for the development of skilful and accomplished female practitioners in this country; but he thought the subject foreign to the interests of the American Medical Association. The question whether a male physician should consult with a female physician ought to be left to individual judgment—for every member to decide for himself. He hoped the resolution would be laid on the table.

Dr. N. S. Davis, of Chicago, said he was in favor of the broadest equality. There was nothing in the laws of the Association forbidding any member from consulting with any qualified person, regardless of either sex or color. It had become the universal standard, that it was of no importance who the parties consulted were, provided they were duly qualified.

If any local associations saw fit to enact laws restricting its members, it was a matter for such societies to determine for themselves.

He next spoke of the dignity of woman and of the important part which she had at all times taken in the affairs of nations, and in all ages of the world. His respect, his reverence and his love, would forbid him drawing any distinctions between the

sexes. Wherever and whenever humanity had needed her assistance woman was foremost in good works. The law of the Creator had assigned her her sphere of duties; but if there were those who conscientiously believed that they could be of greater service as physicians, why should they be opposed. Let the members consult with whom they please if they are professionally qualified. He moved that the whole matter be indefinitely postponed.

The previous question being called for, the motion prevailed with but few dissenting voices.

The next business was the discussion of the resolution that the resignation of Dr. Julius Homberger, of New York, be accepted.

Dr. L. A. Sayre moved that the name of Julius Homberger be struck from the rolls of the Association on account of gross violation of the code of ethics.

After some discussion the motion of expulsion passed without dissent.

Dr. Hartman, of Baltimore, Md., submitted a resolution calling attention to the fact that certain members of the medical profession in the city of Baltimore, and permanent members of the American Medical Association, had permitted their names to appear in the daily newspapers endorsing the professional character and qualifications of a foreign specialist, recently settled in that city, thus rendering themselves guilty of being accessory to a violation of the first article of the code of ethics of the American Medical Association, and of an unwarranted and unjustifiable discrimination against those members of the profession who are quietly, legitimately and unostentatiously prosecuting the respective branches of medical specialism; and requesting that the members so offending either be compelled to withdraw their names from such advertisements, or that the code of ethics be so modified as to allow our professional men who are engaged in the practice of specialties to advertise, and thus be placed on an equal footing with the foreign specialist whom chance has thrown among us.

The paper was referred to the Committee on Ethics, after which the Association adjourned until 9 o'clock next morning.

In accordance with an invitation previously extended the members of the Association assembled at the Capitol to witness the illumination of the dome. The several sections were lighted, and the manner in which the electrical apparatus is worked was explained by Professor Gardner.

THIRD DAY.

The Association resumed its session at 9 o'clock—the President, Dr. Gross, in the chair.

The delegates in attendance were about the same as the previous days.

A number of valuable works on medical subjects were gratuitously distributed among the members of the Association, as were also samples of new and improved medicinal substances.

The reports of the Treasurer and Publication Committee were read and accepted.

The report of the Committee on Nominations being in order, it was presented, and, after some debate, accepted. The report names New Orleans, Louisiana, as the place for holding the next meeting of the Association, and fixes the time for May next.

The following are the officers nominated :

President—Dr. Wm. O. Baldwin, of Alabama.

First Vice-President—Dr. George Mendenhall, of Ohio.

Second Vice-President—Dr. Noble Young, of Washington, D.C.

Third Vice-President—Dr. N. P. Monroe, of Maine.

Fourth Vice-President—Dr. S. M. Bemis, of Louisiana.

Treasurer—Dr. Caspar Wistar, of Philadelphia.

Committee of Publication—Dr. Francis G. Smith, of Philadelphia (Chairman); Dr. Wm. B. Atkinson, of Philadelphia; Dr. H. F. Askew, of Delaware; Dr. Richard M. Cooper, of New Jersey; Dr. J. M. Lovejoy, of the District of Columbia; Dr. Wm. Marbury, of Pennsylvania.

Dr. Marbury offered as an additional amendment to Article 5, Plan of Organization, “No report purporting to emanate from any committee shall be received, unless it be signed by a majority of its members.” Laid over.

The Secretary suggested to the delegates that the business of the Publication Committee was rapidly on the increase, and that

the funds on hand were not adequate to meet the expenses of printing all the proceedings as they should be.

The Committee on the President's Address made their report, accompanied by the following resolutions :

RESOLVED, That the Publishing Committee are hereby invested with plenary power in regard to all papers not read before the Association, or in section, to publish or not as may seem expedient.

RESOLVED, That a committee of three be appointed by the Chair to take into consideration the subject of the appointment of commissioner in each judicial district, whose duty it shall be to aid in the examination of witnesses in every trial involving medico-legal testimony, and to report at the next meeting of the Association.

RESOLVED, That a committee be appointed and report next year, in regard to the subject of our Annual Register of the Regular Profession in the United States, and, in the mean time, to take necessary measures to carry the plan into effect.

RESOLVED, That a committee be appointed to take into consideration the subject of the best mode of providing a Fund for the relief of the widows and orphans of deceased physicians, and report to the Association at the next meeting.

RESOLVED, That a committee of three be appointed to take into consideration the subject of the establishment of Veterinary Colleges, and report at our next meeting.

RESOLVED, That all hospitals and public institutions for the care and treatment of the sick, should have educated, well trained nurses only; that this Association would strongly recommend the establishment in our large cities of nurse-training institutions.

The first five resolutions were adopted, and the sixth was referred to a special committee, consisting of Drs. S. D. Gross, of Philadelphia; Elisha Harris, of New York, and Charles Lee, of New York.

Dr. C. C. Cox, of Maryland, then read the report on American Medical Necrology, which was ordered to be printed.

Several resolutions were then offered, and appropriately referred.

At 12 o'clock, Dr. William O. Baldwin, of Montgomery, Alabama, the newly-elected President, was conducted to the platform by Dr. Atlee, of Pennsylvania. Dr. Gross, the retiring President, in receiving Dr. Baldwin, said: "I welcome you as the representative of our long-lost brethren. May God bless you! God bless your people! God bless all of us!"—and then introduced him to the Convention. The incident was greeted with enthusiastic applause, and filled the hearts of all present with patriotic joy.

Dr. Baldwin then thanked the Association for the honor conferred on him. He accepted the position not as an individual compliment, but rather as the faithful hand of brotherhood, stretched out with generous friendship and true nobility of soul, with a desire to heal and obliterate the wounds for whose creation it was in no way responsible. He alluded to the meagre representation which the Association has had from the Southern States since the close of the war, and explained the causes. He said the broad and liberal sentiments proclaimed in the President's address, being received as the sentiments of the Association could not fail to correct the errors and misapprehensions which have prevailed. For himself and those he represented, he grasped the hand so graciously and magnanimously offered, and hoped and believed that the sentiment would meet with a ready response from all the brethren South. *Let us again be united as friends and brothers.* Ignoring past and present political differences, let us exhibit to this distracted country an example of forgiveness and toleration worthy the emulation of a great and noble people. Let the place selected for our annual meeting be our Mecca. Let us there mingle in the sacred precincts of our noble profession, and as we lay fresh offerings in the temple of a noble science, and build new fires on her altars, let us cherish in our hearts the ennobling sentiment of brotherly love.

During the delivery of the address he was frequently interrupted with applause, and on its conclusion received the hearty congratulations of those on the platform.

Dr. Gross said he desired to avail himself of the opportunity to correct the erroneous impression which had gained publicity at

the South, that the American Medical Association had passed a resolution recommending the Government to make surgical instruments and medicines contraband of war. No such resolution had ever been passed, and he hoped the President elect would do everything in his power to give publicity to the fact.

Dr. Davis said that not only had such resolution never been adopted, but that it had never been offered.

The statement was, on motion, ordered to be recorded in the transactions of the Association.

On motion, the Committee on Archives was continued.

On motion, the Secretary was instructed to appoint a sub-Committee of Arrangements of three from each State.

Dr. N. S. Davis, of Illinois, offered a resolution instructing the Chair to appoint a committee of three to report at the next session on the practicability of establishing a library of American medical works, including books, monograms and periodicals.

Adopted.

The Association then adjourned to meet at 9 o'clock next day.

FOURTH DAY.

The Convention resumed its session at 9 o'clock, Dr. Gross in the chair.

Dr. Tyler read an invitation from Mr. Sykes, for the Association to visit Mount Vernon at 11½ o'clock on his steamer. The invitation was accepted.

He also read a communication from Mr. King, requesting that he be allowed to make a photograph of the Association, which was accepted, and at 10 o'clock the picture was made in front of the hall.

Dr. Martin, of Massachusetts, offered the following, which was accepted:

It seems proper that this Association should not be without a committee on a subject of such importance as vaccination, therefore,

RESOLVED, that a standing committee of one be appointed upon the whole subject, to report from time to time on such topics connected with vaccination as shall, in the estimation of such committee, appear of practical interest and importance to the profession.

Dr. Antisell, of Washington, D. C., was appointed the committee.

The Committee on Nominations made the following report, which was adopted:

Assistant Secretary—Dr. A. G. Semmes.

Committee of Arrangements—Drs. J. G. Richardson, S. M. Bemis, C. Beard, L. T. Pimm, Warren Boukell, S. Chopin, and —Mitchell.

Committee on Medical Education—Drs. J. C. Reeve, Dayton, Ohio; J. S. Hildreth, Chicago; W. C. McCook, Pittsburgh, Pa.; Frank Rice, Memphis, Tenn., and S. H. Pennington, Newark, N. J.

Committee on Necrology—Drs. C. C. Cox, Md.; E. B. Stevens, Ohio; W. F. Peck, Iowa; H. Van Desen, Wis.; J. M. Toner, D. C.; Joseph Simpson, U. S. A.; J. C. Weston, Me.; Henry Bronson, Ct.; Henry Noble, Ills.; Charles Eversfield, U. S. N.; T. Parvin, Ind.; J. C. Hupp, W. Va.; Joseph Mauran, R. I.; J. M. Keller, Tenn.; H. T. Asken, Vt.; H. J. Clark, Mass.; E. M. Moore and John Shady, N. Y.; Charles A. Logan, Kans.; —Stewart, Minn.; Henry Miller, Ky.; F. G. Armour, Mich.; John Blaine, N. J.; A. Flemming and Edward Wallace, Pa.; R. D. Arnold, Ga.; J. S. Wetherly, Ala.; S. L. Welch, Tex.; F. M. Logan, Cal.; John W. H. Baker, Iowa; P. A. Stackpole, N. H.; L. Joynes, Va.; W. Brickells, La.; David Booth, Miss.

Committee on Literature—Drs. Edward Warren, Baltimore; John Jones, Nashville; Edward Andrews, Chicago; J. J. Woodward, U. S. A.; P. S. Wales, U. S. N.

Committee on Climatology—Drs. J. C. Weston, Me.; P. A. Stackpole, N. H.; Henry James, Vt.; A. C. Jarrett, Mass.; C. W. Parsons, R. I.; E. K. Hunt, N. Y.; D. T. Condie, Pa.; O. S. Mahon, Md.; J. Harris, Ga.; George Engleman, Mo.; R. F. Michel, Ala.; T. J. Heard, Tex.; R. C. Hammell, Ills.; J. F. Hibbard, Ind.; F. Antisell, D. C.; J. C. Hughes, Iowa; Abraham Sagar, Mich.; T. L. Neal, Ohio; F. W. Hatch, Cal.; B. W. Avent, Tenn.; E. A. Hildreth, W. Va.; —Owen, Va.;

Samuel Willey, Minn.; L. B. Bush, Del.; G. W. Lawrence, Ark;
——. Compton, Miss.; Louis Pimm, La.

The Chair then announced the following committees:

Commissioners to Aid in Trials Involving Scientific Testimony
—Drs. John Ordeonaux, of New York; A. B. Palmer, of Michigan; Stephen Smith, of New York, and J. W. Dunbar, of Baltimore.

Annual Medical Register—Drs. Packard, of Philadelphia; Wm. B. Bibbins, of New York, and Ellsworth Elliot, of New York.

Devising a Plan for the Relief of Widows and Orphans of Medical Men—Drs. J. H. Griscom, of New York; N. S. Davis, of Chicago, and A. C. Post, of New York.

Veterinary College—Dr. Thomas Antisell, of Washington, D. C., and Drs. C. A. Lee and John C. Dalton, of New York.

Delegates to Represent the American Medical Association in the Canada Medical Convention to meet in September next—Drs. C. C. Cox, of Maryland; John Attlee, of Pennsylvania; N. S. Davis, of Illinois; Charles Lee, of New York; Grafton Tyler, of the District of Columbia; Wm. M. Wood, of the Navy, and S. D. Gross, of Philadelphia.

On motion of Dr. Howard, of Maryland, the following gentlemen were appointed to prepare, and submit at the next meeting of the Convention, a report on the subject of

Specialties in Medicine—Drs. E. Lloyd Howard, Frank Donnelson, and Christopher Johnson, all of Maryland.

Committee on Prize Essays—S. M. Bemis; J. Scott; W. Brickle; S. A. Smith; C. Beard.

Special Committee on Alcohol and its Relations to Medicine—John Bell, J. R. Dunbar and Richard McSherry.

On Cryptogamic Origin of Disease—with special reference to recent microscopic investigations on that subject—Dr. Curtis, U. S. Army.

On Diseases of the Cornea—Dr. J. S. Hildreth, of Chicago.

On Excision of Joints for Injuries—Dr. J. B. Reed of Savannah.

The following resolution was also adopted:

RESOLVED, That those gentlemen who desire to report on special subjects, and will pledge themselves to report at the next meeting, be requested to send their names and the subject they desire to report upon to the Secretary of the Association.

Dr. C. A. Lee, of New York, was appointed a delegate from the Convention to the meeting of the Superintendents of Insane Asylums.

Prof. Henry, of the Smithsonian Institute, was invited to a seat on the platform.

The committees on Surgery, Medical Jurisprudence, and Hygiene and Physiology, made reports, which were adopted.

A paper, submitted by Dr. Joseph Jones, on Albinism in the Negro Race, was recommended for publication.

The thanks of the Convention were tendered to the Baltimore and Ohio; Philadelphia, Wilmington and Baltimore; Orange and Alexandria, and other railroads for courtesies shown the members of the Convention.

The thanks of the Association were also tendered to the President of the United States, Speaker Colfax, Chief Justice Chase, Hon. Richard Wallach, Hon. E. D. Morgan, Prof. Samuel Gardner, Electrician, United States Capitol, Dr. Woodward, of the Army Medical Museum, and to the Committee of Arrangements, of which Dr. Tyler is Chairman, for their politeness and courtesies to the Association, and also to the press of the city for the correct reports of its proceedings.

The President appointed the following gentlemen as

Delegates to Foreign Medical Societies—Drs. Samuel J. Jones, of Chicago; G. C. Blackman, of Cincinnati; Fordyce Barker, of New York; to which Committee Dr. Gross, President of the Society, was added.

The President read a letter from Hon. George Bancroft, our minister at Berlin, relative to Prof. Aaron Burke, the great microscopist, who is now blind.

On motion, Dr. Gross, the President, was authorized to send a letter on behalf of the American Medical Association, complimentary to Prof. Burke.

Drs. Howard and Dunbar, of Baltimore, and Dr. C. H. Ni-

chols, of the District of Columbia, were appointed as a Committee on the subject of Marine Hospitals.

Dr. Wetherly, of Alabama, spoke of the next meeting of the Association, and said that he had no doubt that the members would be gladly welcomed, and as hospitably entertained in New Orleans as at any place where they had ever met.

Dr. Gross then arose and said:

“Before the question of final adjournment is put, allow me to tender you my cordial acknowledgements, for the kindness and courtesy you have extended to me as your presiding officer. Gratitude and good taste alike prompt the expression of my feelings. In everything I did, I felt I had your generous support and sympathy; whatever errors may have been committed, were errors of the head, and not of the heart, and are, I am sure, already forgotten by you. I congratulate you upon the manner in which you have conducted your proceedings. It is questionable whether there ever was a deliberative body of such magnitude in which there was so little discord, and so little said and done of an objectionable character. Harmony, cordial and complete, prevailed from the beginning to the end. There was, indeed, not one word uttered, that any one, even the most fastidious, might wish to recall; a circumstance the more surprising when it is recollected that men in the heat of debate, often give way to heedless and unguarded expressions, calculated to ruffle the feelings, and engender unpleasant reminiscences. We have accomplished not a little work, and above all, we have had an opportunity of reviving friendly feeling, of extending our acquaintance with each other, and of interchanging sentiments of vital importance to our beloved profession. I am sure that every one will say, as he leaves this hall, that it was good for him to have been here, and that he will return to his home with new resolves, and determined to devote himself more earnestly than ever, to the advancement of the glory of his noble calling; that he will strive more than ever to elucidate its great principles, and that abandoning all other pursuits he will worship medicine as the only goddess of his idolatry. Hoping that no evil may befall you on your homeward journey, and that your fami-

lies may greet you with messages of peace and glad tidings, I bid you a cordial and affectionate farewell.

The Association then adjourned *sine die*.

About noon a large number of the delegates, with quite a number of ladies, availed themselves of the courteous invitation of Mr. Sykes to make an excursion to Mount Vernon, on his fine steamer, Arrow. A fine band discoursed excellent music and added much to the pleasures of the trip. During the return a number of appropriate patriotic addresses were delivered, and a card of thanks tendered to Mr. Sykes and Captain Stackpole of the steamer, for their kindness and courtesy.

The boat reached the city about half past five o'clock, and the entire party were delighted with the pleasant trip they had enjoyed.

Most of the delegates left for their homes in the evening.

Entertainments were given during the week by the President of the United States, Chief Justice Chase, Speaker Colfax, Senator Morgan, Mayor Wallack, and others; and, altogether, the present meeting of the Association was one of the most pleasant and profitable it has ever held.

ORIGINAL LECTURES.

TENTH LECTURE ON PATHOLOGICAL ANATOMY.

By A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

The causes of the various forms of atrophy may be referred either to a deficient power of resistance—decrease of vital power—on the part of the cellular elements, or to a want of proper functional stimulus, or to a lack of sufficient amount of nutrient material, or to abundant but deteriorated nutrient material, or to an increased waste of tissues, or to a combination of two or more of these causes.

The causes of atrophy may have a local or a general origin;

they may be either acquired or congenital, and success in practice will not infrequently depend upon the skill of the physician in determining in each individual case, its true source, which is often obscure, and can only be reached by tracing it through a number of connecting links, by a sort of retrogressive analysis.

It does not seem necessary to illustrate, by the citation of facts with which you are all familiar, what has just been said. We may, therefore, be brief in discussing this subject.

It is unquestionable, that in old age the entire organism undergoes a change, which is especially characterised by decrease of vital power, in consequence of which it is liable to be prejudicially affected by influences which are ordinarily tolerated with impunity by younger individuals. This condition is usually called "the stage of involution." What happens as a rule in old age, may, under certain circumstances, occur earlier in life. It is then called debility, delicate health, hereditary or acquired predisposition to disease, etc. Under such circumstances, the largest amount of the healthiest nutritive material will not produce a healthy nutrition, and atrophy is the inevitable consequence.

On the other hand, an individual in the fullest vigor of life, provided with all possible comforts, and furnished with the greatest abundance of wholesome food, may become weak and debilitated if the functions of the system are not adequate for its nutriment, —if the functional stimulus fails to balance waste and nutrition. A man who, from a mechanical injury, is confined to bed and not able to move the lower extremities, while he has the free use of his arms, will very soon show an atrophic condition of the muscles of the lower extremities, while no sign of this will appear in the upper.

This brief illustration may suffice, as it is plain that the other sources of atrophy may be easily illustrated in the same manner; I therefore merely enumerate the conditions and affections which may give rise to them.

1. Want of sufficient amount of food, (starvation,) either from inability to procure it, or from impossibility of taking it into the stomach, on account of mechanical or other causes.
2. Diseased condition, from various causes, of the chylopoetic

system, stomach, liver, pancreas, intestinal tract or lymphatic glands, and deficient assimilation consequent thereon.

3. The process of inflammation, through its terminations, is a very frequent cause of atrophy.
4. Want of proper nutritive material;—though abundant in quantity, as observed in certain discrasiaë or cachexiaë, the blood may deviate from the normal composition so as to be unfit for healthy nutrition.
5. All diseases accompanied by high fever, which in itself produces a contamination of the blood, and causes great loss of material by increased waste.
6. Colliquative profluvia, caused in different ways, as hæmorrhage, diarrhœa, cholera, diabetes, extensive suppuration, etc.
7. Neuro-paralysis, acquired or congenital.*
8. The use of certain medicinal and poisonous substances, as iodine, mercury, ergot, phosphorus, lead, etc.
9. Want of functional stimulus, as from want of proper exercise.
10. Over-exertion. It suffices to remind you only of progressive muscular atrophy following upon over-exercise of the muscles, and of atrophy of the testicles, consequent upon onanism, or excessive sexual intercourse.
11. Disease of the vascular system, resulting in ischæmia, in various localities.
12. Mechanical means, producing pressure upon parts, as tumors, aneurisms, or bandages and apparatuses applied as curative means.

I do not deem it necessary now to illustrate each of the foregoing causes, inasmuch as it will necessarily be done when treating of the several varieties of atrophy, which we will now consider seriatim.

True Atrophy appears under two forms: the component elementary parts of an organ may be either severally smaller, though preserving their normal form and chemical composition (simple atrophy); or they may become less in number (numerical atrophy,

* I some years ago published in "Tiedeman's Deutsches Medic. Journal," Philadelphia, a very remarkable case of this kind, in which the entire left lower extremity and left half of the pelvis was atrophied.

or aplasia). The function of organs which have been atrophied either way, is not suspended but simply impaired. The generative power of these atrophic elements is therefore not completely suspended but merely less powerful, and complete restoration, under favorable circumstances, frequently takes place. This is the capital distinction between true atrophy (the least injurious form), and the other varieties.

The simple and numerical forms of atrophy usually exist simultaneously; the causes of which are principally, the lessening of the vital power of the cells, and want of repair of the decayed elements: old age illustrates this very well.

Ischæmia from any cause, as well as pressure, and want of proper exercise of the organs, frequently produce this form of atrophy.

All kinds of tissues are liable to true atrophy, and not only the cells, but also the inter-cellular substances are thus affected. Furthermore, true atrophy befalls not only healthy tissues or organs, but also all kinds of neoplastic or newly formed growths, and it not infrequently exercises in this respect a highly sanitary influence.

The macroscopic appearances of an atrophied organ—affected with *true atrophy*—are: The bulk is smaller; it usually contains less blood and other fluid, and is therefore more hard, firm and compact, and of paler color. A large number of the affections which formerly were called “indurations” come under this head. But a mere diminution of bulk, from an unusual loss of fluid from the body, as in the collapse from hæmorrhage, choleraic discharges, etc., does not constitute true atrophy.

A microscopical examination shows that the cells grow smaller, and become somewhat flattened, more or less irregular, and sometimes granulated. The proto-plasma occasionally undergoes a partial transformation, as for instance in atrophied fat cells, which contain a certain amount of serous fluid in addition to fat globules, and they may even assume the form of mucous tissue.

The color, also, of the cells, changes to some extent; in the fat, for instance, the yellow is transformed into a somewhat reddish color, while in the liver the cells appear darker; the volun-

tary muscles lose their transverse striæ and become finely dotted.

All atrophied parts offer a greater resistance than under ordinary circumstances, to chemical re-agents.

Although we are familiar with the changes produced by true atrophy in many tissues, there is yet much left for further careful study and investigation, both as to the effect and the *modus operandi* of the atrophic processes.

THE NERVOUS SYSTEM.

Extracts from a Lecture by BENJAMIN W. RICHARDSON, M. D., F. R. S.

“Dr. Sedgwick, in one experiment, even succeeded in freezing the superficies of the left cerebral hemisphere of an animal, without in any way affecting the superficies of the right hemisphere; and this experiment can be extended to every segment of the nervous tract. When thus we pick out a part, and paralyze it for a time, we destroy specifically the function of that part, and we discover what is lost in function by such destruction. Particularly we discover the unity of function pertaining to the part. It appears to us as though the brain were not made up of portions of the same matter all united in one organism, but as though it were distinctly mapped out into insular divisions, each well separated from its neighbor, and having its own duties. It is like a continent divided into so many nations, all united by soil and air and other bases of existence, but yet each exercising a special function in regard to the continent at large, each having its own language, its own genius, its own laws.

“What determines this localization of power I cannot say with certainty, for as yet there has been seen nothing in the minute structure of brain matter to indicate a physical separation of parts. It is true we see a difference in the gray and the white structure, and we assign with good reason the volitional force to the gray, the motional force to the white; but this is not a sufficient definition, because these parts themselves have special centres, with special functions assigned to each centre. The only mode by which I can see a separation is by the vascular supply of the nervous system, and by the bad conducting power of nerve matter. As each centre is supplied with its own vessels, through which alone it derives its force, and as each centre possesses the power of retaining force, there is set up an independence of or-

ganism in every part sufficiently perfect, I think, to secure isolation of function with unity of construction. The subject is one on which we can all think, and if we do not understand the reason of it, we at all events have the fact that each nerve centre is practically an independent centre of force.

“Intimately connected with the fact of the independency of the nervous centres is another fact—I mean the *balance of power* which exists between certain nervous centres. We are accustomed readily enough to appreciate the balance of *muscular power*; we know how one muscle, or one system of muscles, balances, or as it is commonly said, antagonizes the muscle or the system of muscles which may be in opposition. We have not, however, been able to recognize until now, because we had not previously had the means in our hands to ask the question of Nature, that this same balance of function also holds good in regard to certain parts at least, and perhaps to all parts, of the nervous system. But our present experiments present this truth in most conclusive manner; it may be well to recall two of these experiments in illustration.

“You will remember that when we freeze the cerebellum we obtain backward movements of the body; when we freeze the corpora striata, we get forward or propulsive movements; when we freeze both, we get a negative condition—a paralysis. Thus we are led by the logic of experimental fact to the conclusion that these two nervous organs or centres balance each other in function, as in my arm the biceps and the triceps muscles balance each other in function. When by my volitional power I will to walk forward, it is my cerebellum which regulates the power and governs the movement, while the corpora striata remain in abeyance. When I will to walk backward it is the corpora striata which regulate and direct the act, while the cerebellum remains in abeyance.

“The effects of this balance are singularly remarkable; they are seen in operation in nearly every act of life. When we go to sleep after long mental watching, the active retina, the active motor nerves that keep open the eyelids, the active portions of the anterior parts of the cerebrum with which these nerves communicate, exhaust first. Hence under this condition the universal experience is towards an inclination to bend forward, and hence those nodding-forward movements which indicate the transitional stage from partial or anterior sleep of the brain to sleep of the whole structure, cerebral and cerebellar alike. When, again, we go to sleep after severe propulsive exercise, as after long walking, the cerebellum exhausts equally with the cerebrum,

we feel desire to rest the whole organism, and we pass into temporary oblivion at once without any transitional stage at all. And this indeed is the normal state of sleep, that the brain shall be exhausted equally, and this indeed is the normal state of waking, that the brain shall be recharged with new force, during sleep, equally in all its parts.

“Apart from the phenomena of sleep, there are other phenomena which are commonly observed in daily life, and which are readily explained when the balance of the nervous power, as located in particular centres, is taken into proper consideration. Impulse, sudden, vehement, propulsive, under the influence of any impression which for a moment overpowers or paralyses the cerebrum is thus explained. Whenever the cerebrum is overcome by sudden shock, it fails in power the same as when its structure is deprived of force by the direct action of cold; then the propulsive cerebellum less affected shows its force unchecked, and there is forward propulsion. In the heat of battle it is not cerebrum, but cerebellum, which propels the man on; in the chase, in the race, it is the same; and my friend Mr. Alfred Haviland, taking up this same line of thought from these our experiments, has, I think very happily, suggested that that form of propulsive vehemence which nearly all persons feel when they look over a deep precipice or battlement is accounted for in a similar manner. The cerebrum, overcome by the impression made upon it, is for the moment deprived of power. The corpora striata sharing in the same catastrophe, the balance between them and the cerebellum is destroyed on their own side, and the cerebellum, acting with sudden uncontrolled force, gives the initiative propulsive start, which is felt as the expression of an unreasoning and morbid desire to rush forward regardless of the result.

“I have confined myself thus far to an illustration of the balance of one set of nervous centres or organs—the balance between the corpora striata and the cerebellum. There are, however, many other similar illustrations yet to be worked out. For example, there seems to me some point in the spinal cord for balancing that part of the medulla oblongata which governs the act of inspiration. If an animal be destroyed by injury to the medulla, the death invariably occurs from interference with the respiration; the heart will continue to beat, but the animal will cease to breathe. This is the broad fact, but when the phenomena are more closely examined, we find that the breathing has ceased because the function of *inspiration* has ceased—*i. e.* the muscles of inspiration have been deprived of the force which gave them activity. The chest is left with the expiratory muscles in unopposed com-

mand, the lungs are found collapsed and more or less bloodless, and the right side of the heart is engorged with blood which cannot make its way. These facts tell us there is another nervous centre which governs the act of expiration—a point, I think, in the spinal column about the level of the first dorsal vertebra. In a future lecture I shall be able to speak with more precision on this subject. Meanwhile, I would direct the attention of observers generally to the importance of making every effort to define these centres of balance with the strictest care.

“Indication of *loss of balance* between the centres of nervous force are constantly before us in disease. In fact, in a very strict sense, every active and sudden phenomenon of disease which we recognize is the result of this disturbance. Hence the reason why mental impressions influence so easily morbid changes of function for good or for evil. Cases of drunkenness from alcohol afford in various stages varying phenomena, all of which depend on varying degrees of disturbance in the function of the centres of force. As a rule, alcohol first influences those centres which govern the voluntary muscles; in time, the poison being continued, the centres of thought or sensation become influenced, and sensibility begins to fail; last of all, the centres of involuntary motion come under the spell. Again, during recovery from the intoxication, those centres which were first affected continue affected longest, the centres of thought and reason and sensibility becoming once more active while yet the centres of motion are in abeyance, and fail to obey the volition. Indeed, in the process of intoxication, where all the nervous centres are bathed in poison, so strikingly is the disturbance of balance manifested, that we can for a time, gauge and measure a man by his acts and words. Those centres of his nervous organism which are most feeble succumbing first, the more active are left uncontrolled, and proclaim their preponderating power. The sentimentalist weeps, the ruffian shows fight, the man of memory grows yarny, the wit outdoes himself, the funny man laughs, the singer sings, the angry man grows furious, and the cunning rat gives you a rat’s face that Landseer might study. Each man, in short, works his one big centre until it at last either succumbs with the rest, or the rest sober up to it. *In vino veritas*—Ah, truly! and translated physiologically it means that the strongest nervous system is going full swing when all its balancing centres are under the table. The wine-glass itself is not more transparent than the man who has emptied it too often at one poisoning.

“Some forms of insanity partake in like manner of simple disturbance of balance. This is specially the fact in monomania,

which may either depend on the exalted function of one centre, or the depressed function of those centres which should balance the one.

“In cases of pressure on the brain or spinal cord we get also signal instances of disturbed balance of nervous centre power. As when we froze the whole of the cerebrum of the pigeon we laid it unconscious, destroying its volitional power, and leaving its involuntary centres unaffected, so in some accidents causing general pressure (pressure is virtually the same in action as cold), the human subject has been laid low with the consciousness and volition lost, but the involuntary force unchanged. In other cases where we have a partial pressure we discern a more distinct irregularity of function, precisely as in the birds when the freezing is localized. I knew a case in which a man tried to hang himself, but was cut down before he was dead. As he was liberated, he quite unconsciously rushed madly forward and fell; he lived three days, and after death I found extensive effusion in the ventricles and the most intense congestion of the cerebrum, the cerebellum being scarcely affected. That rush forward was from the action of the cerebellum—action uncontrolled. In one of my hospital journeyings a man was shown to me who, from disease, had lost portions of the bones of the cranium at the upper part, so that the cerebrum was covered only by skin, and the pulsations of its vessels could be felt. This man could bear slight pressure on the exposed part, but when the pressure was increased he at once became giddy, with an uncontrollable tendency to precipitate himself forward. I noted this at the time as a simple fact, thinking nothing then of the light that experiment would throw over these classes and forms of disease.

“We might linger long on these disturbances of nervous power as they are exhibited at the bedside, but I must confine myself on this occasion to one or two further notes, and these general.

“1. I would point out that in diagnosing the seat of injury or disease in cases of disturbed balance, the prominent or presenting symptoms should not be taken as of necessity indicating primary disease of the centre through which the symptoms are demonstrated, but sometimes of a centre which may be remote—that is to say, a balancing centre. For example, involuntary convulsive movements, apparently spinal, and compatible with the hypothesis of increment of force in the cord, may, in fact, be due to mere decrement of controlling force in the cerebrum, as in convulsion from pressure on the cerebrum, from deficient cerebral organization, or from cerebral degeneration; or symptoms of deficient volitional power, apparently cerebral, and which are

compatible with the hypothesis of decrement of force in the cerebrum, may be due to decrement of force in the spinal cord. Thus in my former lecture I explained that, on suddenly removing force from the cord by extreme cold, symptoms even of stupor were made manifest. In dealing with diseases of the nervous centres and in the careful diagnosis of these diseases, I know of no point of practice that is more important than this relation of balance between one centre and another, and relative increment of force in one centre by the loss of force in another centre that sustains the balance during periods of healthy action.

“2. If we forget this relative balance of power and destruction of balance by failure of one part, we may often mistake active symptoms arising from passivity of one organ and relative activity of another for actual increased activity of an organ that is quite natural. I believe this mistake is frequently made, and that it leads to bad results in practice—leads to the adoption of depressing treatment when the body should be most carefully sustained.

“3. In some extreme cases, where for long periods of time the nervous centres have been exposed to the continued action of a destroying agency—the agency of alcohol, for example—groups of centres of power, centres which balance each other, give way altogether, or so nearly together that disturbance of balance of function is seen but for a short interval, or is not seen at all. Cases of general paralysis and dementia, cases which so largely occupy our asylums for the insane, are of this class.

“Lastly, on this question of balance, I would point out what seems to me the fact, that the balance between two centres may suddenly be broken in moments of quick vehemency of action of one centre. The madness of rage, in which the cerebral reasoning centres become temporarily paralysed by over-action, leaving the propulsive cerebellum to uncontrolled impulse, is a case of this kind in its temporary form and development. But the event may be more than temporary; the brief arrest of function, especially if it has been often repeated, will, in some instances, be attended with physical change of structure and loss of molecular capacity for the reception of force; and then, the balance of centre permanently broken, the phenomena which we call mental cease to be orderly; predominating impulses, or desires, or resolves, not, perchance, before known, because held previously in check, prevail; then the mind is unhinged, as the common saying expressively describes the pure physical truth, and then it is often ignorantly wondered how the sufferer, who once showed none of the tendencies he now shows, could have suppressed such tendencies so long or so artfully.

“I believe that the physical meaning of morbid impulse is in every case, a broken balance of nervous centre; the sudden exhibition of uncontrolled force of an organ previously held in even action by another centre; a centre up to a given moment active, at a given moment dead.

“The nervous organism, in short, may die in parts, and one centre or more may be dead to the reception of force, while all the rest of the body, volitional and vegetative, lives, in mental constitution a changed body. In old age, this progressive change naturally envelops all the volitional centres, which truly die, while the vegetative remain. And conversely, sometimes in the heyday of youth we see the more vegetative centres die only, and thereupon—so dependent is the higher upon the lower life—all the centres of thought and volition share in the catastrophe; sudden and general silence and inertia communicating to the looker-on the phenomena which he summarises in the one word—*death*.”—*Med. Times and Gazette*.

BIBLIOGRAPHICAL NOTICES.

HOLDEN'S MANUAL OF ANATOMY. By Luther Holden, F. R. C. S., Assistant Surgeon of, and Lecturer on anatomy at St. Bartholomew's Hospital, London, with Notes and Additions, by Erskine Mason, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, and Surgeon to the Charity Hospital, New York. Robert M. DeWitt, Publisher, No. 13 Frankfort street, New York. 8 vo, pp. 588. From the Editor and Publisher, through the St. Louis Book and News Co.

The introduction into America of this work seems to completely supply the long-felt want of the student, for an accurate, terse and systematic Dissector. This is all that it claims to be, though in its scope it is really a most excellent treatise on Descriptive Anatomy.

It is written in a compact but pleasant style, and printed on excellent paper, with large and distinct type.

The Diagrams are particularly commendable. They are elaborate, plain, and true to nature. They seem to be nearly all

original, and many of them present unusual sections and views of organs and regions, which will greatly assist the student in understanding completely the relations of parts. It is hard to particularize where all is so perfect, but we would call particular attention to the excellence of the diagrams and description of the brain, the region of the perineum and the pelvic viscera.

We have noticed what we consider to be some slight errors in two of the diagrams. In that of Scarpa's triangle (fig. 96) the anterior crural nerve is placed too far internally, almost in contact with the artery. In the diagram of the reflexions of the peritoneum (fig. 60), the transverse meso-colon is made to consist of a reflexion from the duodenum of the anterior or lower layer of the peritoneum, while other text books, and observation also, teach us that it is formed by the upper and lower layers conjointly, these diverging at the duodenum. These errors, however, are avoided or corrected in the text, and therefore will not mislead the student.

The arrangement in a tabular form, at the end of the book, of the chief arteries, veins, nerves and muscles of the body will greatly assist the memory of the student.

We recommend the book to the medical student as the best in the language for the purpose for which it is designed.

R. S. A.

PLASTICS: A new classification, and a brief Exposition of Plastic Surgery. By David Prince, M. D. Philadelphia, Lindsay & Blakiston, 1868. From the Publishers, through the St. Louis Book and News Co.

This little brochure of ninety-six pages is a reprint from the Transactions of the Illinois State Medical Society for 1867. As a report made to that society it was a very creditable paper, but we can scarcely deem it worthy the importance it is now made to assume.

The title—Plastics—is decidedly an objectionable one; Plastic Surgery would have been preferable.

The new classification, for the elucidation of which it is claimed the paper was especially written, is very complete. The author makes six methods and sixteen varieties, each plan of operation

having its own numerical place; thus, variety four, method first, would have reference to sliding in a direct line by transverse incision. In the body of the work reference is frequently made to some particular plan in this manner. However complete may be such a classification, it can never become popular or be universally adopted, as to become master of it would require more memorizing than most surgeons would care to devote to it. Medical nomenclature should, as far as possible, be self-defining—should embody and express an idea of its significance wherever met with. Numerals in such connection mean nothing in themselves, and for this reason the author's classification, although ingenious, is objectionable.

The whole ground of Plastic Surgery is not gone over in the work before us, and the author is rather unhappy in some of his expressions. We notice also a number of typographical errors, which certainly are especially inexcusable in a reprint. Still, we have a very fair epitome of most that is practical on this subject, and can recommend the book as worthy the careful perusal of the surgeon, and not out of place in any medical library.

A. J. S.

ATLAS OF VENEREAL DISEASES. By A. Cullerier, Surgeon of the Hôpital du Midi, &c. Translated from the French, with Notes and Additions by Freeman J. Bumstead, M. D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. Philadelphia, Henry C. Lea, 1868. To be complete in five parts; with about one hundred and fifty beautifully colored figures on twenty-six plates. Price \$3.00 for each Part. From the Publisher, through Keith & Woods.

Dr. Bumstead's treatise on venereal diseases is unquestionably the best in the English language. That he should think Cullerier's work on the same subject worthy of translation for the use of the American medical profession, speaks more highly in its favor than many eulogistic criticisms could do. The translation is a most excellent one, and the notes introduced by the translator add greatly to the intrinsic value of the work. The French author being a *unicist*, recognizes but one virus, and in his "History of Syphilis" recognizes as evidence of syphilis every mention or reference by the ancient writers, however indefinite,

of any affection of the genital organs, or that bears any resemblance to any of the manifestations of the different stages of the disease as at present recognized. Together with the "History of the Disease," the "Introduction," which forms more than half of Part I, contains a consideration of the virulence of the disease, its contagion, evolution, inheritance and its pathological anatomy, and general treatment. By no means the least interesting of this portion of it, is, in our opinion, Dr. Bumstead's refutation of the *unicist theory*. The whole of it is worthy of a careful perusal and study. Blenorrhagia, and blenorrhœa in man, and their complications complete this number.

In part II, which has been issued with unusual promptitude, we have a conclusion of the consideration of the complications of blenorrhagia in man. Blenorrhagia in woman is next considered at length under the several heads of vulvitis, folliculitis, vaginitis, metritis, ovaritis, and urethritis. Vegetations, which are finely illustrated, the author considers most frequently non-venereal affections. "They belong," he says, "to a group of diseases essentially different from virulent diatheses," and although syphilis may in an indirect manner act as an exciting cause, there is no relationship, as to kind, between them.

The consideration of "soft chancre" which M. Cullerier retains in preference to "chancroid" is barely commenced in this number. Both the numbers received, are beautiful specimens of typographical art. The paper is excellent, the typography faultless, and the colored illustrations very fine. We would suggest, however, that some of them would look more natural if they were a trifle less highly colored. We doubt not that when complete this will be the handsomest work of the kind ever published in this country, and it should be in the library of every practitioner of medicine who desires to be familiar with this much neglected and illy understood class of diseases.

W.

EDITORIAL NOTES AND VARIÆ.

BACK NUMBERS WANTED.—*Although it was supposed that a sufficient number of copies of our Journal had been provided to meet all contingencies, the large increase of subscribers desiring the back numbers has entirely exhausted our first number. We will pay twenty-five cents, either in cash or by credit on subscription, for copies of that number:—will those of our subscribers who do not file their numbers oblige us by responding?*

OUR THANKS.—We tender our thanks to those of our friends who have furnished us lists of names of the physicians in their respective neighborhoods. It is our desire to place a prospectus of the ARCHIVES in the hands of every respectable practitioner of medicine throughout the country, and will cheerfully send a specimen number to all who may desire it, feeling sure that a careful examination will satisfy every reading member of the profession, that it is a faithful exponent of scientific medicine, and worthy their liberal support and patronage.

THE AMERICAN MEDICAL ASSOCIATION.—We furnish to our readers in the present number of the ARCHIVES a full account of the proceedings of the American Medical Association, which we have no doubt will be found extremely interesting.

The continued efforts of the Association to raise the standard of medical education cannot be too highly praised, and we sincerely hope its efforts in this direction may prove an entire success. The honor, reputation and dignity of the profession and the interests of humanity demand it, and we sincerely regret that our own State was not represented, and the influence of the action of our late State Association brought to bear in favor of the promotion of so noble a cause.

Apart from scientific considerations, its influence in removing sectional prejudices, and again familiarizing our professional brethren of all parts of our country, has been, and cannot but be most salutary. We know not that we can better express our views and feelings in this respect than by submitting the following extract from a strictly private letter from a physician in Lynchburg, Va., to a friend in this city:

“I was very sorry indeed that I did not have the pleasure of meet-

ing you in Washington, as I had hoped to do until your letter reached me. I don't think that there was any delegate from St. Louis, if so I did not meet with one, or hear the name of any one who was present. We certainly had a most pleasant meeting, and all of us enjoyed it very much indeed. The best feeling prevailed throughout, and I never once heard the subject of politics mentioned. I made many pleasant acquaintances, and met some whom I had known in other and better days. We had several handsome entertainments, and I think all was done for us that possibly could have been done under the circumstances. There were but few Southern delegates, which was due to two causes—misapprehension as regards the purport of the action of the Association during the war, and want of means. Hereafter, I think that the attendance will be greater. The next place of meeting is New Orleans, (as you have seen by the papers,) and every alternate year the sessions are to be held in Washington."

THE RICHMOND MEDICAL JOURNAL—As the following communication sent us for publication explains itself, we submit it without comment. The Richmond—now "Richmond and Louisville"—Medical Journal is, we believe, the largest and one of the ablest monthly journals in the country. We welcome it westward.

"Dr. E. S. GAILLARD, editor and proprietor of '*The Richmond Medical Journal, Va.*,' having resigned the Professorship of General Pathological Anatomy in the Medical College of Virginia, and having accepted a similar Professorship in the Kentucky School of Medicine, the Journal mentioned will, hereafter, be published at Louisville, Kentucky. The title of the Journal will be '*The Richmond and Louisville Medical Journal.*'"

The following gentlemen have become Associate Editors of this work: Professors G. S. Bedford, New York; T. S. Bell, Louisville, Ky.; J. C. Cabell, University of Virginia; S. E. Chaillé, New Orleans; S. C. Chew, Baltimore, Md.; J. J. Chisolm, Charleston, S. C.; S. H. Dickson, Philadelphia; F. H. Hamilton, New York; J. M. Holloway, Louisville, Ky.; L. S. Joynes, Richmond, Va.; Z. Pitcher, Detroit, Michigan; Lewis A. Sayre, New York; Alfred Stillé, Philadelphia; T. Gaillard Thomas, New York; W. H. Van Buren, New York.

All communications should be addressed to

E. S. GAILLARD, M. D.
Locked Box 29, Louisville, Ky."

PHYSICIANS AND APOTHECARIES.—We learn from an exchange that quite a serious discord exists in Philadelphia between the physicians and the apothecaries, the former accusing the latter of extending their operations beyond their legitimate scope. Among the formidable catalogue of charges are the following:—That in addition to selling “drams” as well as drugs, they have taken upon themselves to prescribe as well as dispense medicine; that many apothecaries re-dispense prescriptions without the assent of the prescriber; bring undue influence to bear in recommending particular physicians; change the ingredients of prescriptions, and appropriate and vend, privately and by advertisement, prescriptions entrusted to them for dispensing.

Unfortunately, this state of things is not confined to Philadelphia alone. Other exchanges call attention to and deprecate a similar course, pursued by *some* druggists, at least, in their several localities. *Nor is our own city exempt.* It is but a few days since, a man came to our office to enquire whether a nostrum *prescribed* by a certain druggist was adapted to his case. We simply informed him that if he wished a prescription we would be happy to accommodate him, but that if he had employed a *druggist to treat him*, we had no opinion to express.

We are informed that this method of prescribing is by no means an uncommon thing, and that most, if not all of the charges made against the Philadelphia druggists, are equally chargeable to *some*, at least, of the druggists of this city.

We are aware, of course, that these matters are of a character that are exceedingly difficult to remedy; yet we cannot but think, that if the profession were true to their own interest they could easily secure redress. All that is wanted is harmony of action. We well know that every physician can largely influence his patients as to where they will have their prescriptions filled. If a druggist will act dishonorably toward one member of the profession, there is no certainty that he will not, but rather a probability that he will, act equally so with others under similar circumstances. Every member of the profession should feel himself under obligations, both as a matter of duty to himself and his brother practitioners, and of justice to *honorable* druggists, to withdraw and withhold his patronage from every druggist who will thus disregard and violate the courtesies due to the profession.

PERMANGANATE OF POTASH IN ACUTE RHEUMATISM.—Dr. Fern, in the *Detroit Rev. of Med. & Pharm.*, reports three cases in which he

used this remedy in half grain doses, three times a day, with such decided success, that he was surprised at the speedy and marked abatement of all the symptoms. The tongue became quite clean, the perspiration no longer excessive or disagreeable, and the pains so much relieved as hardly to require the continuance of an anodyne. The convalescence was rapid and constant.

CREOSOTE AS A REMEDY IN SKIN DISEASES.—The Editor of the *Galveston Medical Journal* says he has for years been using creosote in the treatment of Ecthyma, Impetigo, Barbers' Itch, Crusta Lactææ, Ring worm, &c., and that when properly applied it never fails to cure. "Where the pustules are covered with a hard crust, it must be put on several times—repeated till a cure is effected. Apply immediately to the eruption, and when it turns a little white, stop; wait for a few days, and if it appears to pustulate around the part touched, apply it again. When tetter attacks the nails of the fingers or toes, put a drop or two between the nail and the flesh, and one application will often cure. Where the hands are indurated and chapped, apply often. It will generally cure ring worm by one application; wait a few days, and if necessary, re-apply."

ANTISEPTIC PROPERTIES OF THE SULPHITES.—Recent experiments have shown the sulphites of lime, hyposulphite of magnesia, sulphite of magnesia, sulphite of soda and granulated sulphite to possess all the antiseptic properties of sulphurous acid, with the advantage that their action is more uniform and certain. In experimenting on animals and on himself, Dr. Polli (*Med. Times & Gazette*) found that large doses could be taken without risk. On killing animals treated with sulphites, and others not so treated, he found that the former were most slow to decompose, and indeed remained quite fresh when the others had become putrescent and offensive. Another series of experiments showed that the administration of the sulphites was sufficient to effect a more or less rapid cure where blood-poisoning was present, as in fevers.

THE USE OF VERATRINE IN NEURALGIA.—Hector Bertrand testifies to the efficacy of veratrine in neuralgia, particularly of the trigeminus nerve. He employs an ointment composed of from 30 to 40, or even 50 centigr. of veratrine, 25 centigr. of morphia, and 30 grammes of lard. This is rubbed along the course of the affected nerve. In 5 to 10 minutes a gradually increasing feeling of warmth, accompanied by a crawling sensation, (tingling and numbness) is felt, without apparent alteration of the cutis. As this feeling increases, in about 15 or 20

minutes, the pain loses its activity. A cure is commonly effected in three or four repetitions of the frictions.—*Révue de Mém. de Méd., etc.*

SPRAY OF ÆTHER FOR RELIEVING PAIN.—Dr. Horaud, of Lyons, France, reports very favorably on this remedy. Although the influence of nebulized æther may not be permanently curative, it certainly is very valuable as a means of affording at least temporary relief in severe local pain, and especially in cases of neuralgia, the pain of which is at times so fearfully distressing.—*Jour. de Méd. de Lyon.*

CONSTIPATION IN FEMALES.—To overcome the constipation so common in females, Dr. Thompson, of New York, has great confidence in belladonna, in combination with nuxvomica and colocynth. He says, "To secure a natural action of the bowels with slight catharsis, after prolonged inaction, I have been accustomed to prescribe, at night, one pill, compounded of ext. belladonna gr. $\frac{1}{4}$, ext. nucis vom. gr. ss., ext. colocynth comp. gr. iij. In a few cases a second pill in the morning is necessary at first to overcome the old habit, but one soon becomes enough, and I have tried it now on a sufficient number of patients who had long resorted to other means ineffectually, to make me confident of its benefits."—*Bost. Med. & Surg. Jour.*

SPASM OF THE GLOTTIS.—We copy from the *Medical Gazette*, (New York,) a translation from the Allg. Wiener Med. Zeitung, of the following abstract of a valuable paper by Prof. Henoch upon this subject: "Prof. Henoch gives some interesting observations upon this disease, between which and the eclampsia of children, the doctor thinks a close connection exists. Of the fifty-two observed cases, there were twenty-nine in which the two affections co-existed; and in fourteen, eclampsia, and in nine, spasm of the glottis, was present alone. The clinical consideration of this disease—in which, with the simple affection of the parts supplied by the recurrent laryngeal nerve, an accompanying spastic irritation of other parts, as the muscles of the chest, the diaphragm, the muscles of the eyes, fingers, and toes, etc., was often observed; in which, moreover, Henoch has noticed in an unusual proportion of cases (twenty-nine) a distinct alternation of the spasm of the glottis with marked eclamptic paroxysms—shows clearly that the essence of the disease is to be sought not alone in a central or peripheral irritation of the filaments of the vagus, but in the seat of origin of the respiratory nerves, namely in the medulla oblongata, as the connection of the organ with the epileptic convulsions, which in several of the cases observed by Henoch immediately preceded the appearance

of the spasm of the glottis, has been established by recent investigations. Although the fundamental alteration of this disease is unknown, but appears from the infrequent fatal termination and the frequent spontaneous cure of the disease to be not a deep-seated one, Henoch assumes as the origin an "excitation," not sensibly recognizable, of the fibres and ganglion-cells of the medulla, which can be brought on in two ways:

First. By an abnormal nutrition of the nerve substance, as the result of a faulty composition of the blood; a cause to which can be traced by far the greater part of all cases of spasm of the glottis, either simple or conjoined with eclampsia, and especially the combination with rachitis already noticed. According to Henoch's careful observations, between the craniotabes accompanying the last named disease and spasm of the glottis there exists no connection, save that a common cause, faulty nutrition, lies at the root of both diseases.

Second. By reflex excitation of the medulla oblongata; a cause which Henoch considers as subordinate, since the exciting influence which is ascribed to dentition, derangement of digestion, etc., as the origin of the disease. is proven for relatively few cases. More powerful than the effect of these last two over-estimated causes, is that of cold and catarrh of the air-passages as a reflex cause of spasmus glottidis, as is shown by the prevalence of the disease in the cold season of the year, and its frequent combination with coryza and bronchial catarrh. As an occasional cause, Henoch supposes the over exertion of certain muscles, especially by crying.

The duration of the disease reaches, in the majority of cases, over a long time, even some months, during which, from time to time, after pauses of some weeks, the spasm comes on again. In four cases death was brought about by general convulsions; the autopsy showed marked venous stasis within the cavity of the cranium.

In regard to therapeutics, Henoch found that by the use of the anti-spasmodics, white oxide of zinc, asafoetida and musk, though no complete disappearance of the disease occurred, the intervals between the attacks were lengthened, so that days or even weeks would pass without a spasm; in another smaller group of cases the administration of these medicines was followed by a surprisingly quick and enduring remission of the spasmodic attacks. Henoch used the oxide of zinc in doses of one-quarter to one grain, the asafoetida one scruple, as an enema; the musk, one-half to one grain, or five or ten drops of the tincture. In two cases he used the bromide of potash. In one case,

after two weeks a marked remission occurred, and complete cure two weeks later. A relapse occurring after a month's interval, the remedy again proved effectual. The other case was withdrawn from observation.

The main point of Henoch's experience is the general treatment, that is, the improving of the disarranged conditions of nutrition, including the continued use of iron and cod liver oil, and the taking the greatest possible amount of pure air and strong nutriment."

CONTINUOUS TRACTIONS IN SURGERY BY MEANS OF RUBBER BANDS.—In the January number of the *Archives Générales*, MM. Ch. Legros and Théophile Anger publish an article on the use of continuous tractions in surgery. They make the traction by means of rubber bands, and apply it to traumatic luxations, to fractures with shortening, to anchylosed joints, and to muscular retractions, (contracture.) The caoutchouc is attached to the limb ordinarily by adhesive-plaster bands, as is common in this country when any form of extension is used. In reducing a recent dislocation, the patient is secured by a counter-extension band and the elastic extension band is fastened to a ring in the wall or some other firm support. The amount of traction should be for an adult equal to a weight of about fifteen kilogrammes, (thirty-three pounds.) In twenty to thirty minutes they claim the muscles will have been sufficiently exhausted to admit of the reduction of the dislocation. The advantages claimed for the method are that it enables the surgeon to dispense with assistants and with chloroform, quite a desideratum in country practice; the apparatus is simple and does not alarm the patient; the extension is so gradual that it causes very little pain, but rather after a little time a sense of lassitude and exhaustion, which indicates the proper time for the surgeon to make the reduction, if this has not already taken place, as sometimes occurs.

The use of elastic extension in fractures, anchyloses and contractures is sufficiently common already in this country, to need no comment, but the application of the principle to the reduction of recent dislocations we think is new, or at least not common, and deserves a trial.—*Med. Gazette.*

NEW METHOD OF LOCAL ANÆSTHESIA, APPLICABLE TO THE EXTRACTION OF TEETH AND OTHER OPERATIONS IN THE CAVITY OF THE MOUTH.—The following communication by Henoque and E. Fredel deserves the fullest attention of surgeons and dentists. It opens a new means for the painless performance of operations in the

mouth, without inducing general anæsthesia, or submitting to the numerous inconveniences of Richardson's method when applied to these parts. The attention of the profession having been particularly called to this subject by Magitot's representations of the disadvantages of local anæsthesia as hitherto applied to operations in the mouth, two physicians of Paris, Henoque and Fredel, inaugurated the attempt to produce the anæsthesia required by the application of ether spray along the course of the trifacial nerve outside of the mouth. The well known practice of introducing narcotic substances, chloroform liniments, etc., into the external auditory canal for the purpose of relieving toothache, induced the experimentors to test the value of the anæsthetization of this canal as a means to the painless removal of teeth. Anæsthesia of the meatus auditorius externus was accomplished by the use of ether, with the ordinary atomizing tubes, and the results were as follows:

Of thirty-two individuals who had teeth extracted, twenty-four experienced no pain whatever; in five cases the extraction was painful, and in three cases the result was doubtful.

Among the cases where the absence of pain was complete were five extractions of upper molars, and one of a canine tooth; among the painful cases were three upper molars and one lower bicuspid.

It only remains to establish a sure criterion of the full accomplishment of anæsthesia. In the cases reported by Henoque and Fredel, it appeared necessary to continue the application of ether spray to the external meatus for at least three minutes. These gentlemen believe that the procedure above described is applicable to other operations in the mouth. They have employed it in one case for the removal of the tonsils, and the patient, an intelligent young man, declared that he experienced not the slightest pain. They commend their method to the further trial of the profession.—*Med. Gazette*.

PUERPERAL CONVULSIONS SUCCESSFULLY TREATED BY ICE TO THE SPINE.—Dr. Henry Gibbons jr., reports (*Pacific Med. and Surg. Jour.*, Sept., 1867.) a case of puerperal convulsions, treated by an ice-bag applied over the lower dorsal and upper lumbar vertebræ. The patient recovered.—*Amer. Jour. Med. Sci.*

PROLONGED GESTATION—Dr. P. M. Rivers, of Waterboro, S. C., relates a case in which a hydrocephalic fœtus was retained in utero until the completion of the twelfth month. The mother had abdominal pains at the usual term, which continued for three days and then subsided.—*Amer. Jour. Med. Sci.*

THIRST IN THE EARLY STAGES OF CHOLERA.—In the report of Mr. Rodgers on the epidemic at Ystalyfera, he expresses a strong opinion that in the early stages of vomiting, indulgence in fluids only aggravates the symptoms and causes exhaustion to supervene more rapidly. Referring to the excessive thirst noticeable in persons attacked, he says that in no single instance where the patient was allowed free use of water or other fluids during the early stage of vomiting did recovery follow. On the other hand, where the abstinence was more or less complete, so was the patient's case more or less favorable. If the desire was restrained for a few hours, until the stomach had become tolerant, water could be safely and beneficially given —*Lancet*.

ARTERIAL COMPRESSION FOR THE TREATMENT OF INFLAMMATION.—Digital compression of the large arteries for the cure of inflammations of the limbs, whether phlegmonous or articular, and whether of spontaneous or traumatic origin, was suggested and practiced by Dr. Vanzetti, of Padua, about ten years ago. After being practiced more or less by numerous European practitioners, it seemed to have fallen into disuse. The bold measure of ligation of the femoral artery having recently been resorted to in a case of acute traumatic inflammation of the knee-joint, has induced Dr. Vanzetti again to bring the method of *digital compression* to the notice of the profession.

Neudorfer, in a report on the surgical diseases of the garrison of Prague, gives the following strong endorsement of this method of practice :

“In the external idiopathic inflammations, and in those which follow operations, we have entirely abandoned the antiphlogistic treatment—blood-letting, calomel, nitre, &c.; and, as a unique treatment, we have employed only the digital compression. Tried in over a hundred cases, we have acquired the conviction that it surpasses in efficacy every other treatment; the heat, the redness, the pain are removed soon, even in employing only intermittent compression. Thus, the digital compression proposed by Professor Vanzetti is ever acquiring more confidence and credit. We believe that we ought to recommend it very warmly. It serves, moreover, in many cases, to diminish very purulent secretions.”

Vanzetti details a very bad case of phlegmonous erysipelas of the arm of a veterinary surgeon, from poisoned wound, and threatened with gangrene, in which a rapid cure followed digital compression.

Physiologically, the saving of the vitality of an inflamed part by

cutting short the main supply of blood is a matter of much interest, and, accepting the facts set forth by both Vanzetti and Neudorfer as such, the practice is full of interest, whether in regard to its remedial effects, and their physiological significance, or the gravity of the cases in which they are claimed to have been effected.

As digital compression has the advantage of being both simple and harmless, it is certainly worthy a satisfactory trial.

TREATMENT OF CROUP.—In a memoir addressed to the Academy of Sciences at Paris on the subject of croup, Dr. Abeille sums up his conclusions concerning this disease. as follows :

1st. Croup is only a predominant localization of a general disease, diphtheria, and only in some exceptional cases can it be met with as a local disease.

2d. Local treatment alone is powerless to arrest croup, and can only fulfil an indication, which is, to combat its localization, and in this respect such a mode of treatment is very proper, providing it does not complicate the existing symptoms ; such, however, may be the effect of cauterizations of any kind.

3d. Croup often kills by asphyxia ; it terminates fatally frequently when there exists a pseudo-membranous affection of the bronchial tubes and lungs, or when there is a general affection of the system, which may in some manner be compared to putrid infection. Tracheotomy, performed solely to prevent the patient dying from asphyxia, while the diphtheritic exudation may disappear spontaneously, or be removed later by local or general treatment, is the practice generally adopted at the present time, but is not justified either by results or scientific deductions. The results officially known during a period of six years and a half at the hospital "Sainte Eugénie," and which should not differ from those of other hospitals during the same lapse of time, show three deaths out of every four patients upon whom tracheotomy was practiced. During the time of Rosen, with the treatment which is considered detestable at the present day, the mortality did not exceed a third of the cases operated, and if we add to the cases of croup operated at the "Sainte Eugénie," those receiving medical treatment only, we find a third resulting in death, precisely as during the time of Rosen ; that is to say, that, as a general result, tracheotomy has added nothing favorable to the treatment of this disease (Statistics of M. Bourdillat read before the Society of the Hospitals, 26th of July).

4th. It is then positively proved that it is from a medical treatment, capable of combating the disease both in its general and local predominant manifestations, that science should seek to arrest the progress of croup. This treatment, says Dr. Abeille, from our own efforts, which were crowned with success in exceptionally bad cases, and for a stronger reason in cases less serious and relatively benign, may be summed up in three general propositions, two of which are currently accepted in practice, and the third one, which is of recent introduction, is the inhalation of moist vapors of the sulphide of mercury, a suitable diet, and the free use of emetics.—*Gazette Médicale*, Nos. 37, 38 and 39.

THE INOCULABILITY OF TUBERCLE.—The following conclusions of a discourse, by M. Piorry, upon this subject, may be of interest :

1st. The facts relative to the reproduction of tubercles or phymata, consecutive to the introduction of tubercular granulations or matter into the connective tissue or other parts of the organism, are of great interest, and science is indebted to MM. Villemin, Empis, Herard, Cornil, Colin, &c., for their works upon this subject.

2d. These same facts have the most complete analogy to those previously collected in regard to the spontaneous or induced inoculation of pus upon the various tissues, organs, or vessels of man or animals.

3d. The cause of this analogy is due to the fact that tuberculous matter appears to be nothing else than pus which has undergone, in consequence of its continuance in the organs, numerous and varied modifications.

4th. Not only pus, but also the serum of the blood and blood which has not become organized, deposited in cavities in the connective tissue, in the pulmonary cells, outside of the bronchi, may become foreign bodies, form grey granulations, provoke the secretion of purulent products capable of taking on tubercular or phymatoid form.

5th. If the facts observed by M. Villemin are considered as an inoculation because phymatoid matter or granulations are produced in the lungs, on the membranes, on the vascular or bronchial surfaces, then ought the analogous phenomena which appear after the introduction of pus into the orifices of vessels to be also considered as inoculation.

6th. In these experiments it is not a question of inoculation and reproduction thence of a miasm or a virus, but rather of the penetration of pus into the vessels, and of its deposition, molecule by mole-

cule, in the tissues; this pus is there altered, desiccated and modified, and provokes by its presence the secretion and deposit of new pus, the appearances and consistence of which varied according to the manner, more or less acute, in which the phenomena in question are accomplished. Among the appearances which the pus may assume, the granular or tubercular forms should be especially noted in the chronic form.

7th. The importance of the distinction between the inoculation of virus and the penetration of pus is great, because the contagion of a virus or miasm is possible and observable, while this could hardly be admitted of the penetration of purulent or phymatoid molecules into the muscles or tissues.

8th. To admit an identity between these two orders of facts, is at once to separate the words "inoculation" and "contagion" from the meaning which is generally attached to them.

9th. Nothing is more logical or more certain than the possibility of annihilating a virus, by the inoculation into the circulation and the blood of a special virulent agent; nothing would be more absurd, more dangerous, more condemnable, than to introduce into the body of a man not tainted with pyemia or phymemia, pus or tubercle, and that, with the intention of preventing the man from experiencing later those alterations of the blood and the assemblage of phenomena which generally follow.—*Med. Gazette*.

PERMANGANATE OF POTASSA IN ACUTE RHEUMATISM.—Dr. C. M. Fenn relates in the *Pacific Med. and Surg. Jour.* some of his experience in the use of the above-named remedy in what everybody, nearly, agrees is a most unmanageable as well as a painful affection. He gives three cases of speedy cure. In the first, after four days of negative treatment, he put the patient on half a grain of permanganate three times a day. The next visit showed a marked abatement of symptoms, and at the end of ten days from the accession of the disease the patient was again at "his post" of business.

The third case was a man in middle life; had long been a victim to chronic rheumatism: some of the joints had become permanently distorted with tophaceous deposits, and the malady was so far incurable. This was varied, however, at intervals of two or three months with acute attacks which apparently resisted all the usual remedies, and expended their force in from two to three weeks. In several previous attacks, the common remedies, colchicum, acetate of potash in large

doses, etc., were of but little avail. Dr. F. now put him on the permanganate, and had the pleasure of seeing him on the street in seven days.

Raspberry syrup is a good menstruum, as it disguises the somewhat nauseous taste of the medicine completely.

OPERATION FOR HARE-LIP.—Dr. J. L. Prentiss, of Lawrence, Kans., reports in the *Leavenworth Medical Herald*, a successful operation for hare-lip by an original method, after an operation “according to the usual manner” had failed on account of the “great tension necessary to bring and maintain the cut surfaces in apposition,” “owing to the large space to be closed or covered up and the insufficiency of material to cover it with.” The fissure in the bone, he says, was near a half inch in width, and there was a deficiency of more than one-third of the upper lip.

The operation performed consisted of three stages. To supply the deficiency of soft parts, he dissected the cheek from the superior maxillary bone as far as the malar bone, and by means of a quill suture carried across and attached to the other cheek by adhesive plaster, he succeeded in “sliding the tissues about a half inch toward the median line and retaining them until they had adhered in that position to the bone.”

The second part of the operation consisted in cutting through the external lamina of the superior maxillary and then bending the inner plate so that the partially severed fragment filled up the fissure. The edges were pared and the cut surfaces retained in apposition by a compress and adhesive plaster, thus securing union by the first intention.

The third or completing stage of the operation consisted in the application of adhesive plaster in such manner (he used quill sutures instead of hare-lip needles) that “all or nearly all of the tension came upon the adhesive straps, and the lips of the wound were brought together without anything to impede the circulation,” of course the edges of the fissure were pared in the usual manner, “and a firm coat of collodion completed the operation.”

Six days after, the sutures of silver wire were removed; two days later all the dressings were taken off, and “union by first intention had taken place through the whole extent of the fissure.”

TREATMENT OF POISONING BY RHUS.—Prof. G. Dowell, in the *Galveston Medical Journal*, recommends in cases of poisoning by *Rhus Toxicodendron*, and other poisonous species of the *Rhus*, to bathe the

parts with a solution of caustic potash, sufficiently strong to render the skin soapy. This "has never failed to cure it immediately," although he has used it in hundreds of cases, including himself. The potash is used in the proportion of ten grains to the ounce of water, but may be increased in strength as needed. A stronger solution will relieve the effects of the same poison upon the skin of animals.—*Chicago Med. and Surg. Jour.*

PERSULPHATE OF IRON IN DIPHTHERIA.—This article, as will be seen below, is strongly recommended by Dr. P. J. Farnsworth of Clinton, Iowa. "In whatever light the disease is viewed, local treatment is largely relied on. Acid hydrochlor., dilut., argent. nit., zinci sulph., creosote, chlorate of potash, and many others, among which is permanganate of potash, which is highly recommended but which I have never tried. Chlorate of potash has been long and highly vaunted, but in my experience has been comparatively worthless. This, conjoined with constitutional or supporting treatment—for the depressing nature of the disease is the first one to be observed—is now settled on as the recognized and most approved manner of dealing with it.

I have settled upon the use of the solution of persulphate of iron as almost a specific applied locally, and if applied early, or if in a situation where application can be made (which is unfortunately not the case sometimes), will alone arrest the disease.

The iron seems to penetrate or dissolve the membrane, and prevent its growth. It does it in the most painless manner, and, if there is anything left over, goes to strengthen the system, as iron does. In several instances a single application to a velum and tonsils covered thickly with diphtheritic membrane has effected a cure. It is equally efficacious in aphthous stomatitis, and in any forms of cankered sore throat or mouth. A mild solution will at once arrest thrush. I have a case recorded in my note book of cancrum oris, cured apparently by the use of the persulphate of iron.

Glycerine is an excellent vehicle in which to suspend the remedy; and where there is much difficulty in applying the probang, a gargle, made of solution ferri persulph. half a drachm and glycerine two ounces, will answer every purpose. A teaspoonful should be taken every three hours, and allowed to run slowly down the throat.

In follicular inflammation of the throat, or chronic ulceration, and enlarged tonsils, I have found twenty drops of the solution ferri persulph. in two ounces of glycerine, used three times a day, of great benefit.

In summing up the matter, it appears that diphtheria is a powerful local disease, creating intense pain, and generating a poison taken up by the absorbents. That if treated at first locally, it may be arrested, but that after a time the constitution must be sustained. The nature of the membrane is such that it may be destroyed, and a return prevented by the application of some solvent, the best-known of which is a preparation of iron.

It occurs to me here that the application of the persulphate of iron to the membrane of croup would be found useful. I have had no opportunity of trying it, but believe it will remove such membrane, and will make such trial when a case occurs."

Dr. G. H. Lenoir states (*Southern Journal Medical Science*, Nov., 1867), that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia has failed, and even produced unpleasant effects.

"Immediately after the administration of the iron the chill ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence."

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of pil. cathart. comp.

Permanganate of potash, gr. ss. to the ounce of water, is recommended strongly as a gargle in diphtheria. "Its use should be accompanied by ferruginous tonics, wines, and careful nourishment." Carbolic acid is also commended for this purpose.

Mr. Charles Sedgwick, in the *London Medical Times and Gazette* prescribes the following form: acid carbolic, twenty minims; acidi acetici, half a fluid drachm; mellis, two drachms; tincture myrrhæ two fluid drachms; aquæ q. s. to six fluid ounces; mix and make a gargle. The carbolic and acetic acids to be well shaken together; the honey to be added to the water gradually. Internally tincture of iron and quinine.

CHLORATE OF POTASH INJECTIONS IN VESICAL CATARRH.—Vesical catarrh of a year's standing has been cured (*Southern Journal of Medical Science*), by injecting the bladder daily with four to six ounces of solution of chlorate of potash, one drachm to eight ounces of water, retained half an hour to an hour. The patient was a female, who had suffered greatly from the disease.

TO PRESERVE FURS.—As the season has arrived when it becomes necessary to lay furs aside, and preserve them from their ravishers, the moths, the following hints may be useful to our lady readers: One ounce of gum camphor and one ounce of powdered shell of red pepper, are macerated in eight ounces of strong alcohol for seven days, and then strained. With this tincture the furs and cloths are sprinkled over and rolled up in sheets. This remedy is in constant use in Russia, under the name of “Chinese Tincture for Moths,” and is found very effective.—*Jour. of Applied Chem.*

TO PRESERVE EGGS.—A French paper recommends the following method for the preservation of eggs: dissolve four ounces of beeswax in eight ounces of warm olive oil; in this put the tip of the finger and anoint the eggs all round. The oil will immediately be absorbed by the shell, and the pores filled up with wax. If kept in a cool place, the eggs after two years will be as good as if fresh laid.—*Journal of Applied Chemistry.*

TO MAKE JELLY OF CODLIVER OIL.—M. Dufourmantle proposes the following recipe for preparing a jelly of this disagreeable medicine: take of codliver oil, thirty grammes; isinglass, two grammes; water, a sufficient quantity to dissolve the isinglass. When the latter is dissolved, add the oil gradually, stirring constantly, aromatizing it at the same time with anise or other oil, four drops. A large tablespoonful is a dose.—*Journal of Applied Chemistry.*

WOOD CEMENT—Common shellac, dissolved in alcohol, makes the strongest cement known for wood, and will make the parts joined as firm as though they had never been severed.—*Journal of Applied Chemistry.*

REMOVING TAN.—Tan can be removed from the face by dissolving magnesia in soft water, beat it to a thick mass, spread on the face and let it remain a minute or two. Then wash off with castile soap-suds, and rinse with soft water.

THE DRAGON TREE.—The giant specimen of the *Dracæna Draco*, growing at Orotavia, in the Island of Teneriffe, was destroyed last autumn in a gale of wind. The tree was first brought into general notice by HUMBOLDT, about sixty years ago, when he computed it to be 6000 years old.—*Phila. Med. & Surg. Rep.*

POISONING BY SUMACH.—Dr. Braman, (*Med. & Surg. Reporter*), recommends local application of dry calomel or citrine ointment, not only for sumach but ivy poisoning.

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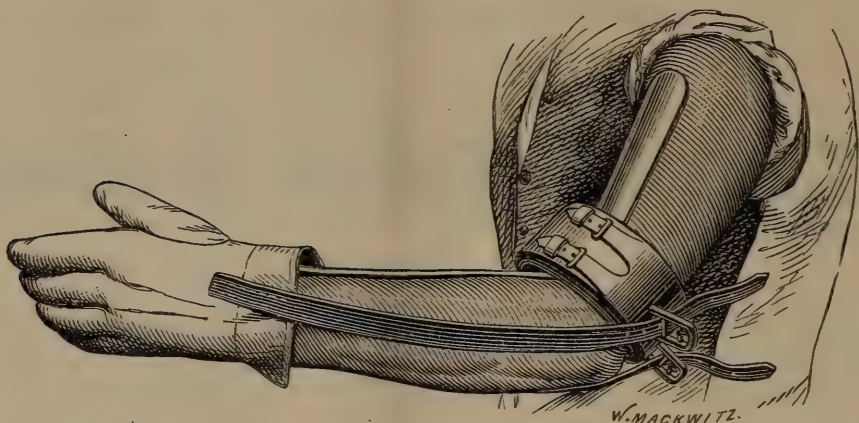
FRACTURES OF THE OLECRANON.

By E. A. CLARK, M. D., Resident Physician, St. Louis City Hospital.

I have found all the ordinary appliances in use for treating fractures of the olecranon so deficient in meeting the indications required, that I have been induced to devise the apparatus represented in the following woodcut, which is sufficiently simple to require but little description.

Fractures of the olecranon, as they usually occur towards the middle or base of the process, are generally attended with such a degree of displacement—especially in muscular subjects—that the ordinary method of applying narrow strips of cotton or cloth around the arm—both above and below the elbow—and approximating them by means of lateral strips, as recommended by Sir Astley Cooper and Amesbury, with the view of drawing down the upper fragment in apposition with the head of the ulna, and thus securing the condition most favorable for bony union, will necessarily require these bands to be so tight around the arm, at both points, as to arrest the circulation. This danger will be the more imminent in cases where there is much contusion and swelling of the soft parts, which, as might be expected, from the very nature of the violence or force required to produce this fracture, is almost always the case. The method of treatment recom-

mended by these gentlemen is also objectionable in that they direct that the arm be kept in the straight position.



The apparatus above represented consists of a band of ordinary sole leather about two inches in width, and of sufficient length to surround the arm, lined with cloth or chamois, and well padded with cotton or hair. In order to give the band additional firmness, and also to secure it around the arm, a strip of common harness-leather is stitched upon the outside, to one end of which two small buckles are attached, while the other end, which extends about three inches beyond the band, is split or cut into two straps to correspond with, and fasten into the buckles. The band is fastened around the arm above the fractured process, and may be drawn to any degree of tightness necessary to bring the broken fragment down when traction is made upon it.

The same band may be used on either arm, and may be adapted to an arm of any size. On the outer side of this band, and one inch apart—one on each side of the olecranon—are two buckles or staples, which should be two inches in length, and three-fourths of an inch in width, and clinched on the inside of the leather band, from which they project at a right angle. These buckles or staples also have three bars across them, with two tongues made to turn either way.

In applying this apparatus the arm should be flexed at an angle of forty-five degrees, and a common pasteboard splint bent at that angle placed upon its anterior surface. The leather band is then buckled over this splint, just above the fragment of the olecranon, and the entire fore-arm is covered with a bandage to

hold the anterior splint firm to the arm and thus prevent any movement of the elbow-joint, which, if allowed, would be constantly modifying the force exerted upon the fracture. A common buckskin glove is then placed upon the hand, to the anterior and posterior surfaces of which are attached two leather straps, which are to be buckled into the staples on the band. By buckling these straps over the bars at a greater or less distance from the band, and tightening them as required, we obtain the necessary amount of leverage to turn the lower edge of the band in upon the arm, and push the fractured process down before it.

By making traction upon these straps any degree of force may be exerted upon the band, necessary to draw the broken fragment down and hold it in perfect apposition with the head of the ulna.

It may be objected to this method of treatment, that the arm is held in a flexed position, thus increasing the space between the two fragments. But the advantage of this position is apparent for two reasons:

First, by flexing the arm to this extent the point of the olecranon is made more prominent, and, consequently, the band more surely adjusted, so as not to slip over it; while, again, the force exerted upon the band by the straps, directed at an angle of forty-five degrees from the axis of the humerus, renders the pressure still more secure above the point of the olecranon and prevents the possibility of it slipping back beneath the band.

The second reason for fixing the arm in this position is to relax the brachialis anticus muscle, the action of which, in cases where the fracture occurs low down, near the base of the olecranon, and especially in a muscular subject, when the arm is held in a perfectly straight position, evidently draws the head of the ulna forward, so that a portion of its fractured surface is in direct apposition with the articular surface of the lower end of the humerus; while if the detached fragment of the olecranon be forced down to its proper position it would not be in complete apposition with the upper end of the ulna, but would leave a triangular space in the articulation to be filled up by callous and thus produce more or less complete ankylosis of the joint.

This apparatus when applied as described, is in no way painful to

the patient, the band being padded in the inside and the pressure exerted by it on the anterior surface of the arm bearing upon the pasteboard splint; the only other pressure exercised is directly upon the olecranon, and that upon such a broad surface that sloughing need not occur in any case.

I have treated but one case with this apparatus, and with the following result :

A laboring man, aged 32 years, was admitted to hospital five days after receiving a fracture of the olecranon near its base. At the time of his admission he had an abscess as large as a hen's egg immediately over the point of the olecranon, resulting from a contusion received when the bone was fractured. The abscess was opened before the dressing was applied, and, notwithstanding all the pressure required to hold the bones in apposition was made upon the point over the abscess, it healed quite readily, and in seven weeks the apparatus was removed, leaving firm, bony union in the fracture, without the least deformity or displacement; and now—three weeks since—the patient has recovered almost perfect use of his arm.

No passive motion of the joint was allowed at any period of the treatment.

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STATISTICS OF FIFTY-ONE SUCCESSIVE CAPITAL
AMPUTATIONS,
PERFORMED ON FIFTY INDIVIDUALS.

Reported before the State Medical Association of Missouri, by A. HAMMER, M. D., Prof. of Surgery, &c., in the Humboldt Medical College, St. Louis, Mo.

MR. PRESIDENT:—A perusal of the statistics concerning surgical operations reported in the Transactions of the International Congress held in Paris, last year, has prompted me to make this communication, presenting my own statistics with regard to capital amputations.

M. Gosselin, a renowned surgeon of Paris, detailed forty-eight capital amputations, of which he lost nineteen, making 39 per cent, which he considers to be a good result.

My statistics close with the year 1864. Prior to preserving a complete record of my amputations, I had already performed a considerable number, without losing a single case, but as I am unable to furnish the history of these cases, I have not included them in my statistics. Since 1864, I have also performed a number of amputations, every one of which has been successful, but these I have likewise excluded, with the intention of embodying them in a new series of statistics.

I performed fifty-one amputations on fifty individuals, one of them having lost both fore-arms; of these, thirteen were of the thigh,—eight primary and five secondary; fifteen of the leg,—eleven primary and four secondary; nine of the arm,—six primary and three secondary; fourteen of the fore-arm,—nine primary and five secondary. Of these fifty individuals, two died, the forty-ninth and fiftieth, consequently forty-nine successive amputations were successfully performed on forty-eight individuals. I am convinced that many surgeons would have avoided my two last—the fatal cases—and as I believe, to some extent with propriety.

No. 49, a soldier with a gunshot fracture of the right thigh, was sent from the South to the Marine Hospital, St. Louis, of which I was at the time in charge. A largely extended phlegmonous inflammation, which had existed for a long time, had reduced the man very much. The fracture showing no disposition or tendency to unite, amputation was proposed, but was rejected. The so-called Hodgen's Splint was then applied at Hodgen's request, and continued for six or seven weeks without benefit. The patient had become more and more reduced, and worst of all, extensive decubital sores had formed from the second dorsal vertebra to the sacrum, aggravating the case to the utmost. Now, the patient himself urged amputation, and although I had no longer any hope of saving his life, I did not refuse him the benefit of the only chance that remained for him. He died on the third day after the operation.

No. 50, a soldier with a gunshot fracture of the right fore-arm, had also been sent from the South. On his arrival, gangrene had already commenced, and the first symptoms of pyæmia, or rather septicæmia, had already made their appearance. The

only possible chance of saving him was by amputation, and of its success I entertained scarcely any hope. He died on the second day. Under such circumstances, many surgeons would not have operated; but in one respect I am rather glad that I operated in both these desperate cases. They would certainly have died without the operation, and I gave them the benefit of the only possible chance of saving their lives. Had I not operated on these two last cases, I could now have presented you forty-nine successive capital operations on forty-eight individuals, without a single death,—statistics never before heard of, and almost incredible; even as it is, however, the percentage of deaths is not quite 4°|_o. Compare this with M. Gosselin's results, and while we cannot claim to possess more skill in America than they do in France, you are compelled to acknowledge that we have *ten times* more success.

Before entering upon any speculations concerning the causes of this greater success, I will first present you a short detail of some of the more interesting of my cases.

That of a Frenchman from the neighborhood of Kaskaskia, in the Illinois French bottom, opposite St. Louis, offers some points of interest. While intoxicated, he had fallen asleep on an embankment of a railroad track, with his left arm over the rail. The conductor not noticing him, his arm was completely crushed by the wheels of a passing train. He was brought to the "Sisters' Hospital" in this city, where I immediately amputated, while he was yet under the influence of liquor. It was then about sunset, and through the neglect of the nurse, in not watching him as directed through the night, the man tore off the dressings, broke the sutures, and so injured the stump by pressing and squeezing, that a tremendous secondary hæmorrhage was the result, and I was called, in the middle of the night, to arrest it. A severe nosocomial gangrene (the pulpous form) set in, and for a time jeopardized the result. The free use of creosote, of which I always thought a great deal in such affections, soon arrested the progress of the gangrene, and a good stump was formed. The pulpous form of nosocomial gangrene is not of frequent occurrence. It consists of a sort of fibrinous exudation, covering the entire

wound to the thickness of from a half to three-fourths of an inch, and filling up the muscular interstices in such manner as to present the appearance of conically shaped plugs, and is so dense and firmly adherent to the tissues, as to simulate a cartilaginous formation.

Another case of some interest is that of a tailor of this city, to whom I was called in consultation by my friend, Dr. Hauck. He had suffered for a number of years from caries of the right tibia and fibula, which, when I saw him, had involved both bones from the tibio-tarsal to the knee-joint, the soft parts presenting numerous large ulcerating sores. The patient was much emaciated and prostrated; had anorexia; pulse very quick and feeble (hectic fever); œdema of both lower extremities, and ascites. Upon Dr. Hauck asking "What can be done in this case?" I jokingly replied, "We can amputate." He smiled, and questioned my sincerity. I then earnestly recommended amputation as a very doubtful, but *only* means of saving the man's life; and upon his consenting, I performed the operation, and the patient got well. The stump, however, healed slowly, on account of his extreme anæmia, and remained œdematous for two or three months after the wound was closed. Four months after the operation, all the general symptoms had disappeared, his appetite was good, and he had so regained flesh and vigor that he was able to resume his trade. I have no doubt other surgeons have operated successfully on similar cases, and I now only call attention to this one, the more particularly to demonstrate the fact that even extreme prostration, hectic fever, ascites, etc., do not absolutely and necessarily contraindicate amputation. My success in this class of cases has since not unfrequently influenced me very much in forming a prognosis, and made me bolder and more determined in operating.

Another case, that of Captain —, of the 12th Missouri Vol. Infy., is of great interest in many respects. He had already lost his right arm in the Schleswig-Holstein war, and in the battle at Wilson's Creek, in 1861, received a gunshot wound of the left thigh, for which amputation was immediately performed by the field surgeon. Six or seven weeks afterward, a re-amputation

was made for some cause, the exact nature of which I could not learn. Indeed, all I could learn about it was from the patient, who stated that the wound did not heal, and that the bone protruded and laid bare. It was two years after this second amputation when I saw him for the first time, and admitted him into the New House of Refuge General Hospital, of which I was at the time surgeon in charge. The lower two-thirds of the thigh had been removed in the two amputations; the stump was oedematous as high up as Poupart's ligament; the lower end was enormously swollen, and pierced by a number of fistulous openings, from which there constantly oozed an offensive, ichorous fluid. A probe introduced in every fistula, came in contact, at a distance of from two to five inches, with rough, denuded bone. He seemed otherwise in good health, showing a marked disposition to embonpoint. He indulged somewhat freely in the use of liquors, without being exactly a drunkard.

I diagnosed caries of the femur, with (most probably) some necrosed pieces of bone buried in the soft parts, and proposed and performed amputation of the diseased stump by the circular operation. The saw went extremely smoothly through the bone, in which, upon examination, I found fully-developed osteomyelitis; both the medulla and compact osseous tissue were a uniform spongy, soft, red mass. This perplexed me as to the result of the operation. The bone having been cut very near the trochanter major, I would not have hesitated to have disarticulated the hip-joint, had the patient not been under the influence of chloroform, so that I could not get his consent. Under the circumstances, I concluded to cut the bone higher up,—as high, in fact, as possible,—and therefore, after having detached the muscles, I sawed off another piece of about one inch in length, thus reaching the immediate vicinity of the trochanter major. The cut surface was still diseased, but in a less degree. I dressed the wound, and trusted to nature, and strange to say, it healed by first intention; and now, about five years since the operation, there has been no manifestation of any affection or disease of the bone. I present for your inspection this morbid specimen, which is the removed piece of bone, in a macerated and dried condition.

It looks like the head of a cauliflower, the short piece of femur representing its stem or pedicle.

This condition had doubtless arisen from periostitis, resulting in the formation of osteophytes, which, growing from the periphery and forming arches had enclosed the central cavity with which the large number of fenestræ communicate. On shaking the specimen you will hear a rattling sound similar to that produced by a rattlesnake, and upon examination you can see within the cavity a loose, detached piece of bone, showing the smooth, cut surface from the previous amputation, and tapering off backward into a cone. The smooth circular surface seems rather eburnized, while the conical surface is rough and uneven. Upon examining the pedicle you very distinctly observe an additional layer enclosing the compact substance of the femur—a layer of flat or diffused osteophytes, or the ossified periosteum.

An explanation of the process giving rise to this peculiar condition, is easy. There existed simultaneously, osteo-myelitis and periostitis. The periostitis gave rise to the osteophytes, which by arching and closing, formed a cavity, while in the mean time the osteo-myelitis gave rise to a circular caries, in consequence of which a sequestrum was formed and detached, but kept imprisoned by the osteophytic perforate shell.

On subsequent inquiry I learned from my patient, that for fear I should decline the operation he had concealed certain important and interesting facts from me. A similar state of things had happened to him when his arm was amputated, by that excellent surgeon, and widely-known Surgeon General and Professor of Surgery, Strohmeier. Several amputations at certain intervals were necessary before the stump healed. He had also had crippled fingers which necessitated repeated amputations; so that, including my operation, *the saw had gone through his bones eleven times.*

Not being able to recognize any other cause for this peculiar affection, we are forced to admit the existence of a peculiar predisposition to osteo-myelitis, consequent to traumatic injury, the manifestation of which, however, was especially confined to the diaphyses of the long bones, the cancellated or spongy tissue of the epiphyses remaining exempt.

I would like to give you the details of other interesting cases, but as I have already trespassed somewhat upon your time, I will, merely as a matter of curiosity, mention one which I might term "an amputation of the thigh under difficulties:"

I was called to Venice, Illinois, to amputate on account of railroad accident, and was told that there were physicians waiting to assist me. On my arrival I found no physician, and none could be hunted up. The case being urgent, I was compelled to perform the operation with the assistance of five laymen, to whom, in a few minutes, I had given the necessary instructions. The compression of the femoral artery was confided to an athletic farmer; and it was admirably executed. With such assistance, the operation—amputation of the thigh—was performed with the light of but a single tallow candle, and while I would not like to undertake again a similar operation under similar circumstances, I must confess that the assistance was not the worst I have met with in practice.

In all of the fifty-one amputations, I made use of the circular operation. If you ask me why I did so, I can, perhaps, hardly give you a satisfactory answer. I had become favorably prejudiced by its results in the practice of the eminent surgeon, Chelius, who was my surgical teacher. I commenced my amputations by this,—his method,—and have had no reason to change.

Surgeons may be said to be divided into two schools or factions upon the subject of amputations, the one advocating the circular and the other the flap method of operating. I myself do not attach so much importance to the *method* as most surgeons do; either method will give good results provided the operation is *well performed*, and the *subsequent treatment* is judicious and properly carried out. I lay more stress on this latter than upon the method of operating. I will say, however, in favor of the circular operation, that if skillfully and scientifically performed, it may be made to combine all the advantages claimed for the flap operation, without its disadvantages. As an evidence of this I will merely mention that a large proportion of my fifty-one cases healed by the first intention.

After the vessels are secured, I always leave the stump exposed

to the air, until the parenchymatous or capillary hæmorrhage is completely arrested, and the color of the muscles is rendered less red by the exudation of a viscous fluid covering their entire surface. The wound may then be united by sutures of any kind, and an expelling bandage applied, and the stump covered with loose lint. By this means secondary hæmorrhage, the formation of clots in the wound and pressure consequent thereon, and undue retraction of the muscles, will be effectually prevented, as also access of the air, and consequently all deleterious matters suspended in it, will be prevented from coming in contact with the denuded surfaces of the wound. In winter time the first dressing is allowed to remain from four to five days—in summer not more than two days. I am of the opinion that M. Gosselin's unsuccessful cases, particularly those produced by purulent infection, were owing to his not closing the wound with sutures, but simply covering it with a thin, wet piece of cloth, and also to his not applying an expelling bandage, thereby leaving every door open to the ingress and absorption of infectious matters.

My results show most conclusively that it is not necessary to cauterize the surface of the wound as some surgeons ostentatiously advise, in order to prevent purulent infection. Cauterization, no doubt, does produce a protective barrier, but it also entirely prevents the possibility of healing by first intention, and necessarily protracts the process of healing by second intention.

In the leg, with its two bones so thinly covered anteriorly with soft parts, and the abundance of muscular tissue posteriorly, the flap operation would seemingly be especially indicated, and decidedly preferable to the circular; and yet, even here it has no decided advantages. In one case—some twenty years ago, and not embodied in these statistics—I amputated a leg by the flap operation, and was not pleased with the result. The want of free exit for the secretions prevented healing by first intention. Later, I amputate the leg in such manner that the stump formed leaves nothing better to be desired. I first make an anterior semi-lunar incision with the convexity downward, and then by a posterior transverse incision unite the two ends of the first; the skin and cellular tissue is next detached and reflected for about

one and a half or two inches, and the muscles divided to the bone by a clean circular cut; the tibia is then first sawed off, and after it the fibula about one inch higher up; then, by sawing off a triangular piece from the crest of the tibia, I remove the annoying prominence, and a beautiful conical stump is the result. The section of the skin as indicated brings the uniting edges nearer the posterior margin of the stump, and thus facilitates the elimination of the secretions. I need scarcely say to you that the removal of the anterior angle of the tibia and the shortening of the fibula originated in the French school—that of Malgaigne, Roux and Lenoir.

The object of statistics concerning operations should be to ascertain as near as possible their absolute results and actual or relative danger. It will, therefore, not answer, as has been done—but not certainly to the promotion of knowledge or the advancement of science—to group cases promiscuously and attempt definite conclusions from such sources. In order to establish absolute and truthful results, each class of operations must be separately considered. For this reason, I have purposely excluded from my statistics all amputations in contiguity (exarticulations). Every one of my fifty-one cases was an amputation in continuity—and so far as I am aware, the statistics of medical literature nowhere afford a record of so small a percentage of deaths from this class of operations.

In conclusion, I beg leave to make a few general remarks, and call your attention to several points which I trust will not prove wholly without interest.

By an examination of the statistics afforded by the official report from the Surgeon General's office, of the result of the surgical operations that were performed during our late war, as well as those gleaned from medical journals and hospital reports, it will be observed that American surgery furnishes better statistical results—a less percentage of mortality from surgical operations—than is shown by the surgical literature of any other country.

Now the question naturally presents itself: What is the cause of this difference?

Certainly we cannot infer from it, that American surgeons are

superior in either operative skill or scientific attainments, to their professional brethren across the Atlantic. You will all agree with me that an explanation of the fact cannot be based on such a supposition; nor can it depend on a difference in the character of our injuries. Our munitions of war were as terrible in their consequences as those of any other country. Of railroad accidents—the injuries from which are usually considered to furnish the very gravest results—I believe we have more than any other people in the world. It cannot, as I have already said, depend on a difference in the method of operating; to what then shall we look for the cause of the difference?

I believe it to be in the physical constitution of the American people.

You all know that the progress and termination of traumatic injuries are greatly influenced by, and dependent upon the general constitution—the physical condition—of the patient. You know also that no constitutional taint is so prejudicial or disastrous in this respect as the tuberculous and strumous diatheses, and syphilitic cachexia. Fortunately the two first named—the very curse of European peoples—are *comparatively* rare in our country, and the latter is far less prevalent than in Europe.

Why, it may be asked, is tuberculosis and scrofulosis less prevalent among Americans than among their transatlantic kinsmen?

The causes of this may be said to be multiplex. A glance at our mortuary reports will reveal one of these causes, and a fearfully efficient one. At least 50 per cent, and oftentimes a larger proportion of all deaths in the United States are of children under five years of age; and a more careful examination will show that of this fearful mortality of “children under five years of age,” at least 80 per cent *die under two years of age*. The child that has gone through the period of dentition, without an attack of cholera infantum (summer complaint), or that has survived an attack of this terrible scourge of infantile life and made a full and perfect recovery, may be looked upon as an organism endowed with great power of resistance and endurance. Nearly all our feeble, delicate children, of strumous or tuberculous dia-

thesis or other cachexia, perish within the two first years—often within the first few months—of their brief existence. The severity of our climate is, therefore, the natural, but fearfully cruel, purifier of the physical constitution of our people.

Another matter must also be borne in mind: The habits, customs, &c., and even the education of the American people all tend to a development of the highest perfection of their physical constitution. The Americans are the most active people in the world. We have among us very little of sedentary life. A very large proportion of our people are engaged in out-door avocations. Both children and adults are less confined to the impure atmosphere of large manufacturing establishments, and over-crowded and illy-ventilated tenement houses, than in the older and more densely populated countries of Europe. Nor do we have the debilitating influences of abject poverty that are there but too often met with. With us everybody is comparatively well clad and well nourished. It is a fact that with us more meat and other nutrient material is annually thrown in the gutter than is consumed by the same number of individuals in some parts of Europe. Recent investigations indicate that insufficient nutrition and neglect of hygienic influences tend more to develop the scrofulous and tuberculous diathesis than all other known causes combined. When we reflect that a large proportion of surgical operations in all countries are performed upon the laboring and manufacturing classes, and contrast the relative conditions of these classes in our own country and Europe, we can, I think, readily comprehend an efficient cause of these different statistical results.

But there is one unfortunate habit indulged in by the American people that has such a decided influence upon the matter under consideration, that I cannot pass it over in silence. I refer to the intemperate use and abuse of spirituous liquors, by which many an excellent constitution, both physical and mental, is wrecked and ruined. Were not this the case, and had we to deal less with delirium tremens, American surgery would furnish even better results than it now does. We can but hope that the time is not far distant when the American people, as a nation, will

literally "sit under their own vine and fig-tree," and our pure, healthful native wines and excellent beer supplant the use of strong liquors as a beverage, and intemperance, the national evil and curse of mankind, forever lose its reign amongst us.

THE CONTAGIOUSNESS OF THE GENERAL SYMPTOMS OF SYPHILIS.

By FREEMAN J. BUMSTEAD, M. D., Professor of Venereal Diseases at the College of Physicians and Surgeons, New York.

The publication in the April number of this Journal of a highly interesting article by Dr. Sigmund, entitled "Is Tertiary Syphilis Communicable," calls forth a few comments and suggestions, which, it is hoped, may not be without interest to the readers of the ARCHIVES.

The fact that any of the general symptoms of syphilis are contagious, has only of late years been placed beyond dispute. How and why it was so long ignored is known to every one, viz., through the great weight justly attached to the name of Ricord, who, however, confined his experimental inoculations of the secretion of general symptoms either to the patients themselves, or to persons already infected with syphilis; and since syphilis, like small pox, vaccinia, etc., is a diathetic disease, his inoculations were necessarily failures.

On the other hand, Ricord formerly admitted no radical distinction between the chancroid and true chancre, and since his inoculations proved the auto-inoculability of a large number of so-called "primary ulcers," the conclusion with him and his school was inevitable, that primary syphilis was communicable, and general syphilis not.

Alleged cases of the successful inoculation of secondary symptoms had indeed been reported by Wallace and others, but here there would appear to have been a stumbling-block in the way of the recognition of their value. In the history of all such cases it was evident that the disease commenced in the recipient with a chancre, attended with its pleiad of indurated ganglia, and fol-

lowed by the usual period of incubation preceding the outbreak of secondary symptoms. By some strange fatuity, it was thought that if a mucous patch was communicable at all, a mucous patch must be the result; that the secretion of a chancre alone could produce a chancre; and hence it was inferred that Wallace must have been mistaken regarding the source of his virus, and have taken it from a chancre, possibly in course of transformation into a mucous patch, as was known not unfrequently to occur.

The explanation of these difficulties—and it is so simple that it is a wonder it was never thought of before—was finally discovered; two diseases had been confounded under the name of syphilis, one of them local, the other constitutional; the former auto-inoculable, the latter not *auto*-inoculable but inoculable upon, and communicable to, any person not already under the influence of the diathesis, in its secondary as well as in its primary stage. Moreover, it was found that this latter disease, from whatever stage its virus might be derived, would run its course, as any sensible disease would do, starting with its cradle (chancre), enjoying its youth (secondary), and advancing to its old age (tertiary). What disease is there, forsooth, that springs at once into full manhood?

Only twelve years have elapsed since 1856, when Langlebert first expressed the opinion, founded on but two cases, that secondary contagion would produce a chancre, and it was not until the abundant proof adduced in favor of this idea by Rollet in 1859, that the fact was generally accepted, or was even generally known. The time which has since elapsed has evidently been too short for a full investigation of the limits of the contagiousness of the general symptoms of syphilis. In most of the reported cases, the infecting lesion has belonged to the secondary period, and has usually been a mucous patch. Independently of any greater degree of virulence of the syphilitic virus in the secondary, over the tertiary period, there are two reasons why mucous patches should be a fruitful source of contagion:

First. This lesion occupies those portions of the body, the orifices of mucous canals, where contact is most likely to take place with other persons (immediate contagion), or where the

virus is most likely to be collected upon common household utensils and conveyed to others (mediate contagion).

Second. This lesion is one of the most persistent and most prone to return of all those belonging to syphilis.

Thus we find mucous patches upon the lips of a nursling the origin of a chancre upon the nipple of its wet-nurse, and those about the vulva in women a fruitful source of primary syphilis upon the penis in men. I have met with a number of instances in which young men with *plaques muqueuses* upon the lips have inoculated the lips of their sweet-hearts; also with men, who in illicit intercourse contracted a primary sore in the neighborhood of the mouth instead of in the more usual situation, without any unnatural mode of indulgence.

Instances of mediate contagion from secondary lesions are also not uncommon. Take, for example, the case reported by Rollet, in which a housekeeper contracted syphilis by using a spoon shortly after it had been used by her cook who had mucous patches on her mouth; take the extension of syphilis among the glass blowers in France who use the same tube in common for blowing; also the repeated instances occurring in the practice of an aurist in Paris, in which this disease was conveyed to a number of patients by means of a eustachian catheter. I recently observed a case in which a young man contracted the disease through the medium of the mouth-piece to his pipe, which he lent a friend who called at his room, and which he smoked immediately afterwards. The most remarkable instance of the kind I ever met with was a chancre developed upon the under surface of the upper eye-lid in a man who must have contracted the disease from a contaminated towel.

But, in addition to mucous patches, the contents of the pustules of ecthyma have been proved to be contagious (Vidal); and the virulence of the blood of syphilitic persons has been placed beyond dispute by Pellizari. Now that this latter fact is established, is there not reason to believe, that, although the syphilitic virus may be more contagious in the early than in the late stages of the disease, it does not entirely lose this power at any period of its activity?

Certainly, there is no such marked distinction between secondary and tertiary syphilis as would lead us to suppose that the former possesses a power which is entirely wanting in the latter.

The distinction, after all, between the two stages is mainly an arbitrary one, and patients often present symptoms belonging to both at the same time.

While the contagiousness of tertiary syphilis is highly probable, it is still difficult to point to cases which demonstrate it. The case reported by Dr. Sigmund, for instance, appears to me inconclusive on this point. Dr. S. states that his patient "was laboring under tertiary syphilis, and had also at that time some indolent sores on the inside of the lips." But to what stage of the disease did the sores, from which the virus was derived, belong? Were they syphilitic gummata? Probably not, because such very rarely occur in this situation. It is much more likely that they were ulcerated mucous patches, so common about the mouth, of the secondary period, which had overlapped, so to speak, the development of tertiary symptoms on other parts of the body, as occurs so frequently, especially in cases of what may be called galloping syphilis. In the absence of further details, Dr. Sigmund's case must, therefore, be regarded as one of the communication of *secondary* and not of tertiary syphilis.

The least doubtful case of the contagiousness of tertiary syphilis that I ever heard of was one that I treated by letter a few years ago:

The patient was a well-known surgeon of the West, who was called upon to operate upon a case of extensive syphilitic necrosis of the cranium, in a patient who had had no secondary symptoms for a period of two years. One of the surgeon's fingers was abraded, and at this spot a chancre was developed a week or two afterwards, and was followed by the usual train of general symptoms. Such at least was the history communicated to me by this surgeon, who was also confident that he had not been brought in contact with a case of syphilis before for several years, and could have contracted the disease only from this operation. His age, standing, and powers of observation are such as to add great weight to his statements, and I am inclined to believe his

opinion correct, yet the possible sources of error are so numerous, that I would not adduce the case as one beyond question.

Undoubted proof of the contagiousness of the late symptoms of syphilis to the point of demonstration must be sought for either in experimental inoculation of some of the few tertiary lesions which furnish a secretion necessary for the purpose, or in the clinical observation of cases in which all sources of error are absent.

Such proof, I believe, will yet be found.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by A. J. STEELE, M. D., Recording Secretary.

The second annual meeting was held May 13, 1868, with President Watters in the chair.

After accepting the reports of the officers of the past year, the following were elected for the ensuing year:

A. Kueckelhan, M. D., President.

D. V. Dean, M. D., Vice-President.

S. C. Baldwin, M. D., Recording Secretary.

Jas. Spiegelhalter, M. D., Corresponding Secretary.

J. Z. Hall, M. D., Treasurer.

A. J. Steele, M. D., Curator.

Drs. Maughs and Heyer, Committee on Publication.

RUPTURE OF HEART FROM FATTY DEGENERATION.

Dr. Spiegelhalter presented a specimen removed from an old lady found dead in bed; with the exception of a slight cough, patient had enjoyed general good health for years; the day preceding death she had done a large washing, thereby over-exerting herself; at the post-mortem the pericardium was found distended with a large amount of serum, and the heart coated with coagu-

lated blood, on the removal of which a rupture was discovered in the anterior wall of the left ventricle.

Dr. Maughs thought it a case of fatty degeneration—a condition commonly associated with a fatty metamorphosis of the liver and Bright's disease of the kidney. He spoke of a similar change affecting other organs, with the consequent symptoms; maintained that in the present case the cough, inducing a more frequent action of the heart, had effected a gradual wearing away of its tissue, already in a devitalized condition.

Several members thought that before death the ventricular cavity had been separated from the pericardial cavity only by the visceral layer of the pericardium.

Dr. Hammer defined the three varieties of fatty degeneration; this condition should not be taken for granted, a microscopic examination was necessary for its determination, superficial deposit was no evidence of interstitial deposit.

WOUND OF PULMONARY ARTERY.

Dr. Spiegelhalter presented a second heart, taken from a negro who had been killed by a stab. It was shown that a large wound had been inflicted in the pulmonary artery, and was the cause of death. Owing to its size and great development, the contrast of this with the preceding heart was interesting.

ATTACHED PLACENTA.

Dr. Maughs presented a large uterus taken from a woman who had died forty hours after giving birth to a child at full term. There had been an attached placenta, and an alarming hæmorrhage occurring during the efforts of the attending midwife to detach it, she desisted and left the house. A physician was then called, who introduced his hand and removed the placenta. In two days the patient died.

The post-mortem examination revealed a portion of the placenta still attached to the fundus of the uterus, and gangrenous. Where the placenta had been adherent, the entire thickness of the walls, for an oval space two by three inches, had disappeared, the serous covering alone remaining.

It was probable that injury had been done the womb in the

manipulations made to detach the placenta; that a portion of it was, so to speak, gouged out, after which gangrene supervened very rapidly, and thus an extensive slough was the result.

The condition of a firmly adherent placenta is always unfortunate, as it is sometimes not easy to remove it without injury to the organ. We should take away as much as possible without violence, and leave the remainder to detach itself.

Dr. Hall thought the excavated portion too high to have been reached by the hand of the attendant, and believed the condition as found to have been the result, not of traumatic lesion but rather an idiopathic condition of the organ, viz: fatty degeneration, which, though a physiological process, was here out of time, —premature,—and, therefore, pathologic.

Dr. Leete considered that no part of the womb was beyond the reach of an officious attendant or a clumsy midwife. Certain so-called practitioners were capable of anything; for illustration: he knew of two old physicians who were in attendance on a lady being confined. An examination revealed to them a tumor—an abnormality(!)—obstructing the pelvic channel, which, in their judgment, had to be *removed* ere the child could be born; having no instruments at hand, and the case not admitting of delay, a domestic utensil, snuffers or scissors, was pressed into service, and thus armed they boldly attacked the abnormal growth.(!) While thus engaged, and to their amazement, out popped the baby. They had mistaken the caput succedaneum for an abnormal growth, and the scalp had been severely lacerated. They then hoped the child might not live a monument of their ignorance; but the blood being staunched, a few stitches were introduced, and the heroes (!) retired in glory.

To say that such occurrences are a disgrace to the profession, and unpardonable, even in a midwife, is mild.

In the case under consideration, he thought it possible the womb had been poisoned by the hand of the attendant. It had been observed that filth under the finger nails could become the source of much irritation, and the vehicle for poison. He would urge upon surgeons and accoucheurs the importance of keeping the hands and nails clean.

Dr. Watters remarked that there would have been no placental adhesions unless inflammation had been present at some previous period, and it was evident that if inflammation had occurred, softening, as a result, was quite possible, and hence the condition as found. He would impute the cause of death to neither midwife nor physician.

Dr. Heyer, to show that the best educated might err, related a mistake made by his preceptor, a highly educated and able physician, who, in Dr. H's. presence, had seriously wounded the uterus to the extent of two and a half inches by an instrument he was using on the child.

ANCIENT COXO-FEMORAL DISLOCATION.

Dr. Steele presented a fine specimen of old upward luxation of the left hip, which he had removed a few days previous from an elderly man, with whose early history he was unacquainted. There had been considerable latitude of motion in the limb, especially of flexion and extension. The specimen included the os illii and upper fifth of the femur, through which and the new-formed joint, a section had been made, thereby furnishing an insight into the abnormal relations and changes of the part. The acetabulum was nearly obliterated by a filling in of bony matter and an absorption of its margins, a new socket had been formed on the dorsum illii, consisting of a buttress of bone—"an elevated plateau,"—semi cup-shaped, and with fragments of new bony deposit extending from its edges into the surrounding soft parts. The ilium at this point was thickened and condensed; the caput and cervix femoris had undergone marked changes—the latter being shortened, the former flattened, deprived of cartilage and rather roughened (porcelaneous) on its articular surface.

The surrounding muscles had coalesced, thickened, hardened, become fibroid, and firmly enclosing the neck, trochanter and upper part of femur, thereby gave great support to the bone in the new situation. There was no appearance of synovial fluid or membrane; the articular surfaces being quite dry. It was evident from these progressive changes that this condition had existed for many years, and that the limb, though shortened, and of impaired movement, must have been quite serviceable.

PROSIDENTIA UTERI WITH POSTURAL TREATMENT.

Dr. Kueckelhan related a case of prosidentia, accompanied with leucorrhœa, in a patient who had previously borne twins:

She had been in ill-health and over-worked, and owing to her straitened circumstances, could not be kept in the constant recumbent position, so he simply replaced the organ and made the usual local applications, but without avail. Finally he directed that, night and morning, she should have her body temporarily inverted—the head placed downward—in order to relieve the pressure of the intestines, and allow the uterus to gravitate to its proper position.

Having then lost sight of the case for about three months, what was his surprise to see her walk into his office completely cured of the prolapsus and leucorrhœa, and two months advanced in pregnancy.

From the successful result of this case, he certainly would be disposed to try the postural treatment in similar cases, and would suggest that an apparatus might be arranged with pulleys and suspended from the ceiling, by which the patient could herself readily elevate her pelvis to the required extent and retain and regulate the position at will.

Dr. Maughs thought the plan both philosophical and practical. The dislocation depending on the relaxation of the round ligaments, the position recommended would give them an opportunity to retract, and regain their tenacity. This was the object to be attained in the treatment of this troublesome affection, and the objection to the use of the pessary was the difficulty of keeping the uterus sufficiently well up without producing distention and relaxation of the vagina.

Dr. Hammer suggested that the pregnancy had, probably, more to do with the relief than the posture, as the uterus naturally rises when in that condition. He could not feel sanguine of much success from the position.

SAINT LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives, by W. B. OUTTEN, M. D., Recording Secretary.

FOREIGN BODY IN THE BLADDER.

Dr. Gregory reported the following very interesting case, which had occurred in his practice during the preceding week :

A gentleman, aged 73 years, had applied to him for relief from a trouble in the bladder which he ascribed to the accidental lodgment in that organ, several years since, of the male portion of an ordinary pocket case catheter, which had occurred in the following manner : He had for some years been in the habit of relieving himself of occasional retention of urine by the use of the catheter. While in a state of intoxication he had introduced the instrument without being properly screwed together, and upon attempting withdrawal, the anterior or male portion remained.

A peculiar feature of the case was the statement of the patient that until within the last few months, he had suffered no serious inconvenience from the presence of this large foreign body in that important viscus. The recent appearance of symptoms of irritation, and of vesical calculus had been, doubtless, due to the gradual deposit of the urinary salts upon the smooth catheter, provoked, of course, by its presence in the bladder.

The success of any operative procedure in the case was extremely dubious. The age of the patient rendered the operation of lithotomy extremely hazardous ; the peculiar form of the foreign body rendered the attempt to withdraw it *per via naturalis* almost hopeless, while the presence of the calcareous deposit with which it was doubtless surrounded, further lessened the possibility of its successful removal in this manner.

After several unsuccessful attempts to remove it through the urethra, Dr. H. had introduced a lithotriptic instrument, and succeeded in crushing the deposit with which the catheter was surrounded, after which the debris was eliminated by the urine,

and, strange to say, with its discharge all the symptoms of vesical irritation ceased.

Being naturally anxious to get rid of the foreign body and be relieved from further trouble, the patient insisted on having the operation of lithotomy performed, and it was with difficulty he could be dissuaded from it. In consideration of his age and his necessarily short term of life remaining, the great danger of fatal result from the operation, and the comparatively small amount of inconvenience he suffered from the presence of the catheter when rid of the calcareous deposit, he was persuaded to return home and await further results. He was accordingly discharged, with instructions to return if the symptoms recurred, under which circumstances he expressed his determination to have the operation of lithotomy performed, regardless of consequences.

to the St. Louis Medical Society
ILIO-PSOAS ABSCESS.

Dr. Hammer reported a case of ilio-psoas abscess, and presented a specimen of diseased hip-joint which, upon making the post-mortem examination, was found so highly interesting that he brought it before the Society for their examination:

The patient was a young man of about 37 years of age, who, previous to the attack of illness under which he succumbed, had enjoyed excellent health, and was rather noted for his vigor and ability as an amateur gymnast. During the winter he had been traveling in Illinois on business, and had been much exposed to the inclemencies of the season, and on his return to the city was taken ill on the 6th of December, and was treated by Dr. Engleman for rheumatism, who afterward, from the symptoms and complications, thought the attack to be morbus coxarius. Upon Dr. E. leaving for Europe, the case was left in charge of Dr. Castlehuhn. Dr. Hammer had been called in consultation about the middle of April, and found the patient confined to bed. The left leg was flexed and rotated inward; the hip and thigh were both enlarged, and he had severe pain around the hip-joint, and extending to the knee; there was an abscess just below the greater trochanter, and fluctuation discoverable below Poupart's ligament, on the anterior and internal side of the thigh (Scarpa's

triangle). Dr. H. was disposed to believe that the joint was diseased, but for the purpose of a more accurate investigation of the case, the patient was put under the influence of chloroform, when no signs of disease of the joint were discoverable, and the abscess was pronounced to be peri-arthritis. Within the next few days fluctuation could be detected beneath Poupart's ligament, within the pelvis, and could be traced along the crista ilii. Dr. Hammer, under such circumstances, pronounced the abscess to have been retro-peritoneal, within the ilio psoas muscle, and this diagnosis was fully confirmed, when still a few days afterward fluctuation could be felt below the twelfth rib near the spinal column.

Both the abscess below the trochanter and that in the groin, were subcutaneously evacuated by the trocar, but refilling rapidly, recourse was had to drainage tubes. The pus in the abscess below the trochanter, becoming putrid from access of air, the drainage tubes were removed from both abscesses, and that below the trochanter was laid open its whole length—about eight inches—and filled with dry charpie. An incision was made below the ribs, and injections made, first of clear water, and followed by diluted carbolic acid. The discharge not diminishing, tinct. iodine was repeatedly injected, but without benefit.

When Dr. H. first saw the patient he had large bed sores on both nates, and on the sacrum; he was very weak and prostrated; completely emaciated; his tongue was covered with aphthæ; had no appetite; repeated rigors followed by high fever, and unable to lie in any position without excruciating pain. To obviate this latter trouble it was finally decided to suspend him in a permanent water bath of about 90°, in which he remained with comparative comfort for twenty-seven days, when death relieved him from his sufferings. In the beginning, the bath was decidedly beneficial, as in combination with anti-septic remedies and stimulant treatment all unfavorable symptoms were markedly ameliorated. The aphthæ disappeared; the pulse fell from 130 to 85; his appetite increased enormously; he slept comfortably, and for the first time in many weeks could rest with comparatively little pain. So marked was the improvement that his friends

felt confident of his final recovery ; but the constant drain upon his system from the profuse suppuration proved so exhausting that he finally succumbed to inanition, and died in the bath, as though falling into a peaceful sleep.

The post-mortem revealed an abscess extending along the iliacus and psoas muscles, and diffusing itself between the soft parts surrounding the joint, and even on the anterior external portion of the thigh. The capsule of the joint was perfectly intact, thus giving positive evidence that the suppuration had been entirely peri-arthritic. The joint on being opened presented the interesting appearance shown in the specimen : The cartilage covering the head of the femur, and lining the cavity of the acetabulum was in a state of softening, in some places showing the cancellated structure of the bone ; and near the centre of the acetabulum, even the osseous structure had been absorbed, leaving a spot about the size of a pea, which, on the internal or pelvic side of the bone, was only closed by the covering of periosteum. There was no pus in the joint, and only a very small amount of a dirty-looking fluid, the detritus of the process of softening.

Dr. H. expressed the opinion that the affection of the joint had only supervened during the last four or five weeks of the man's illness, inasmuch as the most careful examination, under the influence of chloroform, when he first saw the patient, did not reveal any kind of morbid affection of the articulating surfaces ; and he further believed that it was the mere result of the pressure of the head of the bone in the acetabulum, caused by the continued contraction of the surrounding muscles.

With regard to the so-called pathognomonic pain in the joint and in the knee in the beginning of the disease, and which had led the first physician to diagnosticate rheumatism, and coxitis, he stated that a retro-peritoneal abscess upon the ilio psoas muscle would undoubtedly cause such an irritation of the crural nerve by pressure, &c., as to give rise to the same symptoms.

It was suggested that possibly the disease had originated in the joint, and that the peri-arthritic affection was secondary in character.

To this, Dr. H. suggested that the fact that the capsule was

perfectly intact, and contained no evidence of inflammatory action precluded the possibility of the disease having originated in that way.

Dr. Maughs believed that very probably the disease had primarily been rheumatism, and that there was no doubt that rheumatic inflammation might and probably does, not unfrequently result in suppuration.

ORIGINAL LECTURES.

TENTH LECTURE ON PATHOLOGICAL ANATOMY.

By A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

Continued from Page 231.

Degenerative Atrophy differs from true atrophy in that, even though the form of the elements may be more or less preserved, as is the case in some varieties at least, their function is entirely lost; the generative power—that of repair by proliferation from the mother tissue—is gone, and restoration to their normal condition is impossible.

All this is particularly owing to a more or less complete change of the proto-plasma in the cells, which either lose their watery fluids, and thus become dryer and harder; or the proto-plasma is chemically changed by transformation into other substances; or the proto-plasma may be substituted by other substances taken into the cells by endosmosis (infiltration).

Up to the present time we have become acquainted with the following varieties of degenerative atrophy:

The scaly or indurative degeneration; the cheesy degeneration (tuberculization); the calcareous degeneration (petrification); the amyloid or lardaceous degeneration (Weber's hyalinosi); the albuminous degeneration (cloudy swelling); the fatty degeneration; the pigmentary degeneration (melanosis); the aqueous or dropsical degeneration; the mucous degeneration; the colloid degeneration, and the fibrinous degeneration (inosi).

In some of these varieties of degenerative atrophy, the form of the morphological elements is completely preserved, while in others it is destroyed. These latter will be more especially considered when we speak of necrobiotic processes.

Scaly or indurative degeneration:—The physiological prototype of this form of atrophy is the decay of the epidermic cells.

Loss of the watery parts of the protoplasm by desiccation, and consequent change of form of the cell and even loss of the nucleus by shriveling constitute this atrophic process. The cells become harder, denser and more resisting. A similar change is sometimes observed in the crystalline lens (cataract). The connective tissue, and particularly the newly formed, which is peculiarly endowed with the property of contracting (shrinking), is especially liable to this form of atrophy. The surgeon daily observes this process in the formation of the cicatricial tissue of healing wounds, while the physician meets with it in the granular kidney or the cirrhotic liver. The indurated connective tissue produces a marked hardness (sclerosis) of the organs or tissues affected.

Cheesy degeneration (tuberculization):—This must not be confounded with *tuberculosis*—a morbid process which leads to neoplastic formations, the consideration of which, therefore, belongs to the subject of hypertrophy.

The cheesy degeneration may take place in any organ or tissue where there is a development of cellular elements, and most frequently is a termination or result of inflammation, in as much as the inflammatory products undergo a regressive metamorphosis. The process is the following: The cells, no matter of what form, size, or character, lose almost all their fluid or semifluid protoplasm, shrink and shrivel, and many of them break down entirely into a mass of dark granules very similar to fat granules. Those which are not completely broken down appear very small, granular and opaque, and irregular in form, though usually spherical or ovoid, and present more the form of a solid body, than of soft cells. Their nucleus is most frequently missing. These shrunk and dried cells are the *corps granuleux* or *tuberculeux*, which Lebert first described and announced to be the specific elements of tuberculosis.

You must bear in mind what I have already stated, that in the sense of the term as used by Lebert and most of the French micrographers, *there are no specific elements whatever*; the tubercular bodies in question have *no specific character*, and may arise from any cell, by desiccation and shrinking; and we may lay it down as a rule that the more rapid and abundant the development of any neoplastic cellular elements, and the greater the ischæmia, or anæmia from either general or local causes, the more readily will tuberculization be the ultimate result of these processes. We not only observe this regressive metamorphosis in the products of inflammations in the various organs, as the lungs, liver, &c., but likewise in neoplasms of a non-inflammatory character, as in cancer, sarcoma, &c. The lungs are most frequently the seat of this degenerative atrophy, and I may here assert with propriety and safety that what are usually termed "tubercles of the lungs," by physicians, *are not tubercles*, but simply the tuberculized products of preceding inflammation, as I will show you most satisfactorily, when treating of the varieties of hypertrophy.

Tuberculized elements are more or less hard and of a yellowish color, much resembling cheese; and even sometimes have the offensive odor of Limberger cheese, as is observed in that physiological proto-type of the cheesy degeneration—the secretion of the tonsils, which by inspissation is formed into hard and friable pellets, of the size and form of peas, and which when pressed between the fingers, after having been eliminated by coughing, yield a most horribly offensive odor. I frequently have seen individuals extremely alarmed by these tonsillary bodies, and many have consulted me on their account, for imaginary consumption.

The consequences of pathological tuberculization are sometimes innocuous, sometimes disastrous, and, again, sometimes even salutary. Such cheesy products, either of large or small size, and whether single or multiple, may remain for a long time incapsulated in the parenchyma of organs—the lungs, lymphatic glands, &c.—as foreign bodies, without doing any harm. This is more especially the case if they occur in connection with the next form of degenerative atrophy—petrification.

Sometimes, however, the cheesy products become a new source of irritation, are followed by inflammation and its consequences, and may thus give rise to a fatal termination, except in those organs, which, by virtue of their location and anatomical structure, allow a free evacuation of its products, in which case they sometimes lead to a restoration to health.

Tuberculization is, no doubt, salutary when it takes place in malignant neoplastic tumors, as in cancer, sarcoma, mælanoma, &c., and even in abscesses so situated that no elimination can be effected by opening, as, for instance, in the brain.

Abscesses may heal in two ways without being opened—either by complete absorption, of which I will say more under the head of fatty degeneration, or by tuberculization.

INFLUENCE OF ANÆSTHETICS ON THE BRAIN AND NERVOUS SYSTEM.

Dr. Richardson's fifth lecture was a study of the influence exerted by anæsthetics on the brain and nervous system. The obvious fact that the motion of the heart and the movements of respiration continue in action while the rest of the body is under the narcotic effect, during anæsthesia, proves that the whole nervous system is not involved, and that the involuntary and semi-voluntary muscular mechanism is also not involved, except when extreme and fatal symptoms are developed. What parts, then, are influenced by an anæsthetic? The idea was almost intuitive that the brain was the organ affected, and that the centres of consciousness are those chiefly held in abeyance. But, to prove this as true, experiment was necessary. In proof, the lecturer took a large pigeon, narcotized it deeply with chloroform, and in this state passed through its body, from the head to the foot, a rapid intermittent induction current. The bird instantly arose from the table, extended its wings, opened its eyes, and seemed as if restored; the current was then stopped, and the bird was shown to be as deeply asleep and as powerless as before. Another bird was put to sleep by freezing the brain, and when utterly insensible was subjected to the electrical shock in the same way, when it flew from the table into the room, where, breaking its connection with the battery, it dropped on the floor comatose, motionless, and as anæsthetized as before, in which

condition it remained for many minutes. The lecturer in these experiments demonstrated that the anæsthetic action is localized in the cerebrum. His battery was like an outer brain, which supplied power without intelligence, and which, by the effects of its current, showed that all the muscular elements were ready for work, and only awaited the order from the brain. The lecturer next discussed the question—What, during the process of anæsthesia, leads to this change in the brain? Is there a chemical action on albumen? Is there pressure on brain matter? Is there deficient oxidation of the blood? Is there contraction of blood vessels, and diminished supply of blood from that cause? All these hypotheses were experimentally tested and negatived. It was admitted that during extreme anæsthesia there is reduced oxidation and a singular reduction of temperature. These changes are inevitable, because the anæsthetic vapors replace oxygen during their diffusion into blood; but the diminished oxydation is not the cause of the insensibility. In proof of this, Dr. Richardson showed an animal breathing an air in which the oxygen was reduced by the addition of nitrogen from twenty-one to nine parts in the one hundred, side by side with another similar animal breathing an air in which the oxygen was reduced by the addition of vapor of bichloride of methylene only to about twenty parts in the one hundred, viz: four cubic inches in five hundred. The result was that the animal in the extremely reduced atmosphere was quite unaffected, while the animal in the slightly reduced atmosphere was in the deepest narcotism. Then a correcting experimental test was adopted, and the bichloride was administered in an atmosphere containing an excess of oxygen, the oxygen being present in double its ordinary or natural proportion; the excess of oxygen exerted no perceptible obstacle to the anæsthesia.

To determine whether there was contraction of blood vessels under anæsthetics, the lecturer had had recourse to transparent small trout; through their bodies, with the microscope and the inch lens, the blood vessels could be seen, and the corpuscles flowing through them. These animals can be narcotized readily by making them breathe water saturated with chloride of methylene or ether. In the narcotized condition, the vessels do not contract, but under the influence of ether, in the later stages, before death occurs, dilation and regurgitation are observed. The latter is noticed also when chloride of methylene is used. With both reagents breathing and vessel circulation cease before the heart's action. The lecturer concluded that anæsthetic vapors act directly upon nerve matter, either by preventing the

development of force or by stopping conduction. The latter hypothesis is supported by the fact, proved by experiment, that these vapors obstruct the conduction of heat and electricity.—*Med. Times and Gaz.*

THE TREATMENT OF VENEREAL DISEASE.

BY DR. G. H. B. MACLEOD.

The treatment of venereal disease divides itself into the local and constitutional. The former is of course alone required in the case of the soft chancre, but both are necessary in true syphilis. It may, however, be here said that a mere excoriation demands the simplest possible applications. Water dressing, or a very weak stimulant, or astringent solution applied on a thin teased-out flake of carded cotton; or what often succeeds better, a little chalk-powder, or starch, dusted over the breach of surface, combined with attention to the bowels and the avoidance of wine, will probably suffice. In dressing this, and all such sores, the greatest gentleness should be enjoined. The old dressing should be removed by a stream of luke-warm water, and then the new application put on without any "scrubbing" of the part, and with as little irritation as possible. If the foreskin is to be returned over the dressing, the thinner the layer of lint or cotton put under it the better, and the patient should be forbidden to examine, as he is apt to do in his anxiety, the part during the interval between the dressings, as the irritation thus caused is most pernicious. Twice a day is as often as the dressings should be renewed in any case.

"Herpes præputialis," as it may depend upon want of cleanliness, contact with leucorrhœal or other irritating discharges, stricture of the urethra, deranged bowels, and especially the acidity arising from excesses at table, or from the dyspepsia which attends gout, will, for its cure, demand the removal of whichever of these causes may be present. Locally the same applications should be used as are employed in excoriation, especially dry absorbent powders. Caustic is most injurious, and should never be applied. Lime-water with opium forms a good wash, or some port wine, having water and tannin added, according to the requirements of the sore.

If a chancre is seen early it should be thoroughly and completely destroyed. This rule holds good as regards both sores. We destroy the virus of the non-infecting chancre in order to prevent local complications, to avoid it spreading or becoming

phagedenic, to prevent the bubo of absorption, to hinder it from multiplying itself on the patient or being communicated to others.

We destroy the hard chancre, *not* from any hope we can entertain thereby to prevent constitutional infection, because by the time we are able positively to say "this is a hard chancre," *the system is already infected*, but by adequately applying caustic we convert the infecting chancre into a simple suppurating sore, we prevent its communication to others, we remove any depot of virus which may remain in the hard base to feed the disease in the system, we give the patient's anxiety a certain relief and inspire him with some confidence, and we also guard ourselves from the imputation of having omitted such application when afterwards constitutional symptoms appear. It is probably true that if the poison of the hard sore is inoculated on a breach of surface that the specific chancre may so quickly follow that we may be able to destroy the virus while it is yet local, but it is the rare exception that the sore is thus seen by the surgeon. In the great majority of cases when the chancre comes under observation the time has gone past for any effectual action being taken to prevent the entrance of the poison into the economy, and if we have no other aim than to obviate *that* in applying escharotics to the sore, we would far better omit this painful step altogether. If we use means to destroy the chancre before the hard base, rolling glands, and other evidence of its infecting character, appear, we can have no possible grounds on which to say that we have had a true chancre to deal with at all, or that we have by our caustic, prevented constitutional empoisonment; but, on the contrary, there are four chances to one that it is a sore which would never have been followed by any such evil results; whereas, if we wait till such evidence is supplied, then all hope of achieving the end in view is gone, as such indications as we can rely upon as demonstrating the nature of the sore are themselves evidence of the constitutional implication. This is the great obstacle to a decisive opinion regarding the effects of the preventive treatment of syphilis. Men unconsciously deceive themselves. Caustic is applied, and no constitutional disease appears, then they conclude that it has been prevented by the local application; if, on the contrary, the constitution is invaded, then they think the escharotic was too late in being used, or it was not effectually applied. We are apt to forget how much more common the simple sore is than the infecting, and how many non-venereal lesions are aggravated into formidable and confusing ulcers by the applications which the patient, in his fear and anxiety, so often uses himself before he comes to us. Thus, then, we conclude

that all suspicious sores should be effectually destroyed at as early a period as possible.

There are many caustics in use for the destruction of the chancre. Some of these are too deliquescent, others too weak, others too painful and slow in their action. The hot coal, or "dottle" from a tobacco pipe, which are occasionally used by the vulgar, are more to be relied on than many of the escharotics employed by surgeons. I have experimentally tried all the caustics which have been recommended, and very much prefer strong nitric acid, or the acid nitrate of mercury, to them all. I generally employ the former. It is very manageable, penetrating, and rapid. The sore must be well exposed, wiped dry, and a large drop of the acid put upon its centre, by means of a spun-glass brush, or a bit of wood, and then the edges and whole surface rapidly destroyed. The patient should be placed with his back against the wall, so as to prevent his withdrawing his person when he feels the sharp sting of the acid. Plunging the part into water, or pouring a stream over the sore, quickly arrests further destruction, and allays the pain. Such simple means succeed in neutralizing the acid just as well as an alkaline solution. The spray apparatus should not be used to diminish the pain, as it hardens the tissues, and so prevents the caustic penetrating, and it renders the surface of the sore wet, and so neutralizes the acid. Caustic soda and potash; sulphuric, hydrochloric, acetic, and chromic acids; chloride of zinc; Velpeau's paste (sulphuric acid and saffron); alum; sulphate of zinc or copper; the hot iron; Ricord's application of animal charcoal six parts and sulphuric acid two parts; and many other escharotics which have been used, are in my opinion inferior to strong nitric acid and the acid nitrate of mercury, for the reasons before given. It requires no prolonged and painful application, like chloride of zinc, or Velpeau and Ricord's paste; it penetrates as no alum, or sulphate of zinc or copper, or chromic or acetic acids can do; it is not so formidable and painful as the actual cautery, and is not too deliquescent like caustic potash. Excision terrifies the patient, and is not effectual, as the records of the Dreadnought sufficiently prove, as not only is it very difficult to excise the whole sore, but the edges of the large wound are very apt to become inoculated, and thus matters are made worse than ever. Of all local applications the most useless, in my opinion, is nitrate of silver. It is not powerful enough to destroy the sore effectually, and so fails in fulfilling its most important requirement; and it causes much irritation (especially if repeatedly used) and inflammation in the sore, gives a pseudo-hardness to the base, excites the lym-

phatics, and altogether does much mischief. It introduces features into the case which do not legitimately belong to it, and so occasions confusion, while, as has been said, it gives rise to unnecessary complications. No caustic should be applied to a chancre so long as it is inflamed. By the use of water, or some soothing application, or possibly by the aid of a leech and fomentations, or steaming, the excited action should be subdued before the escharotic is employed. One thorough application should suffice. The repeated use of a caustic does infinite harm. If it has been once properly applied, it should not again be required, unless phagedena set in. After the use of the caustic a poultice, or, what is quite sufficient in most cases, warm water dressing, should be employed to cause the slough to separate, and then we have a simple ulcer to deal with, the applications to which will, like any other non-venereal sore, depend on its requirements at the moment. If it is slow to heal, or fails to heal from excess or defect of action, it will demand soothing or stimulant dressings; but if it presents, as is usual, the characters of a healing granulating sore, then the simpler the applications the better. Water alone, or medicated by the addition of a small amount of a metallic salt, or an astringent, or a solution of opium, will in very many cases suffice. As in the management of other ulcers, we may have occasion to change the remedies, as a "tolerance" is attained in the effect of any particular application; and it should always be remembered that black-wash is not a fit dressing, unless the ulcer require a stimulant, and in that case it is not so cleanly as a weak solution of sulphate of zinc. Many would seem, by their unfailing use of black or yellow wash, to imply a belief in some specific effect of a mercurial on a venereal sore. So far from such a remedy being good for all chancres, it is supposed by not a few greatly to predispose the soft sore to phagedenism. Black or yellow wash are only useful when a metallic stimulant is demanded, and then, too, we may use the mercury in the form of vapor, if we please, though it has no special advantages, and is somewhat troublesome. Let not the ulcer be "oppressed" by remedies, but use the simplest dressing which will fulfil its wants. It matters comparatively little what wash is used, so long as it fulfils the requirements of the sore as to stimulation, soothing, etc. If its wants are properly recognized, there are plenty of agents which we can use. No stimulant application is, as a rule, better than Hey's red wash, Ricord's aromatic wine, or a solution of tartrated iron, or a weak solution of the muriated tincture of iron; nor does any astringent answer better than tannin and glycerine; nor is any soothing

dressing superior to a watery solution of opium. All ointments are bad, as being apt to become rancid and poison the sore. After the destruction of the virus, the local management of soft and hard chancres is the same in all respects. They are both by the caustic reduced to the condition of simple granulating sores, and are to be treated accordingly. The hard chancre often heals up very quickly.

The bubo which may attend the soft chancre should be treated early, and with the view of preventing suppuration. If it arise from the absorption of virus from the ulcer our measures will fail to effect that end, as suppuration is sure to result; but we may by judicious measures diminish the area of inflammation and limit the amount of suppuration. If, on the other hand, the bubo be a simple adenitis, then, by the employment of the antiphlogistic treatment, we may, in most cases, prevent suppuration altogether. Rest is especially necessary, together with fomentations. preceded, it may be, by the application of leeches, and the administration of salines. Low diet should also be enjoined. Bubo is most frequently due to the repeated irritation of the ulcer by caustic or other applications, and our measures for preventing suppuration are not unfrequently thwarted by the irritable or scrofulous disposition of the patient. An opiate suppository at night is highly useful, by giving rest and preventing erections, by which the ulcer is irritated and the glandular complications augmented. When it is evident that pus is going to form, we apply poultices, and open the abscess freely parallel to Poupart's ligament. Small incisions are to be reprobated, and "multiple punctures" are worse than useless. A poultice will be employed till the pus is removed, and then the cavity of the abscess managed like a hollow ulcer. If the edges of the wound get inoculated by the pus, then we must apply caustic to them as to the primary sore; and if the skin gets thin and undermined, and so diseased as to be incapable of recovery, then we must remove or destroy it. If a gland project from the cavity of the abscess and prevent its closure, then we must excise it, or destroy it by caustic. Sinuses must be split up, and dressed so as to granulate from the bottom. The knife should always be preferred to caustic for opening buboes, and, with the aid of the spray apparatus, we can accomplish it without pain. It is possible that the use of caustic may render the inoculation of the edges of the opening less likely to occur, but its slowness and painfulness more than counterbalance such advantages.

If the tendency to suppuration is checked, and enlargement and hardness in the gland alone remains, then counter-irritation

should be employed. Blisters, or iodine, or a stimulant embrocation, may assist the removal of such deposits, but there is always great risk by their premature or inappropriate use of reviving the inflammation or inducing suppuration.

The hard rolling glands which accompany the infecting chancre demand no local application. They should be simply guarded from all irritation. Malplaquet's plan of using finely powdered bichloride of mercury, and pressure after vesication, is seldom of much use, and is no compensation for the possible harm resulting from the irritation it causes, and the laying-up which it necessitates. So too, all kinds of counter-irritation are apt to be injurious. The hard glands are here part of the constitutional affection, and are only legitimately amenable to the remedies against such constitutional disease, with the other traces of which they will disappear. If from any cause an abscess should form in the groin in connection with the hard chancre, then it must be treated like any other abscess in the same part.

Phagedena may affect either chancre, but is infinitely more common in the soft than the hard, and is in it much more destructive. It may prove a most terrible affair in broken-down intemperate persons, and demands most energetic treatment. The patient should be isolated, and the most perfect cleanliness and ventilation enforced. If mercury was being administered it must be stopped, and that food which is most nourishing and easiest of digestion given, with a liberal allowance of wine, unless the patient be plethoric (which he very rarely is) and there is evidence of acute inflammation round the sore. Phagedena is usually a sign of depression and feebleness, and is to be managed accordingly. If, however, there is acute inflammation present, then it must be subdued in the ordinary way. The sore must be freely cauterized with strong nitric acid, and the application renewed as often as may be required to arrest the disease. When, by means of carrot or linseed meal poultices, combined with disinfectants, the eschar is separated, a strong solution of potassio-tartrate of iron (30 grains to the ounce) forms the best dressing, and a drachm of the same salt should be administered in the 24 hours internally with a full opiate at night. It is some years now since we have had any bad cases of spreading sores to deal with in the Lock Hospital, and this I attribute mainly to the early and free use of the salt of iron just mentioned.

As regards warts and vegetations of a syphilitic origin, they should be removed with scissors, and the part from which they

sprung touched with caustic or perchloride of iron. There is not the least fear of excessive hæmorrhage, and the spray apparatus will greatly diminish the pain. Warts can be very effectually destroyed by touching them with strong nitric, chromic, or acetic acid daily, till they are completely killed, and then removing them with a spatula or the nail. In the female, syphilitic vegetations occasionally attain an enormous size, hanging down in dendritic irritable masses, which exude a most nauseous discharge.—*Glasgow Medical Journal*.

DEFECTIVE ALIMENTATION.

In an article on “Defective Alimentation a Primary Cause of Disease,” by J. H. Salisbury, M. D., Cleveland, Ohio, the following are some of the diseases excited by defective feeding: Vegetable Dyspepsia. This arises from the too exclusive and too long continued use of vegetable, and especially amylaceous and saccharine food. Sooner or later the filamentous stage of yeast vegetation begins, ushering in the acetous fermentation, producing acid stomach, and sour eructations. Yeast plants are rapidly developed in the organ, and every particle of vegetable food that is taken in immediately begins to ferment, the stomach being converted into an apparatus for manufacturing beer, alcohol, vinegar, and carbonic acid. Chronic Diarrhœa:—This disease, with the other intercurrent abnormal states that arise from the too exclusive use of a dry, amylaceous diet, may be conveniently divided into three stages—the incubative, the acute, and the chronic.

The following interesting facts are developed on the microscopic examination of the fæces: 1st. That as soon (after beginning to subsist on amylaceous diet) as gases begin to develop in the intestinal canal, yeast plants begin to develop in the alimentary matters to an abnormal extent. 2d. That this development of yeast plants is evidence of the inauguration of fermentative change in the amylaceous food. 3d. That fermentation and the development of yeast plants continue to increase until diarrhœic conditions are produced. 4th. That a peculiar gelatinous colloid matter, usually in little masses, scattered through the fæces, shows itself to a greater or less extent as soon as the diarrhœa commences; that this matter is present in direct proportion to the severity of the case. 5th. That this colloid matter is not the cause of the diarrhœa, but merely the consequence of certain saccharine and fermentative conditions of the system, in which

state the connective tissue of the alimentary walls becomes a proper nidus for its development. As soon as these systemic conditions are overcome, this colloid matter ceases to develop and disappears entirely from the fæces.

On the "microscopic examination of the urine" in "chronic diarrhoea," he finds that the urine is usually small in quantity, rather high-colored, and deposits, on standing, a tolerable large sediment of pinkish or brick colored lithates. The disease is not unfrequently accompanied and followed, also, by obstinate oxaluria and phosphuria. He finds, also, in all three stages of chronic diarrhoea, that sugar is largely present in the fæcal matters and in the mucous secretions of the alimentary canal. There is evidence that the secretions of the mucous membrane of the alimentary canal, fauces, mouth, and pulmonary surfaces, eventually become saccharine. This is evidenced in the development of torular cells and filaments of penicilium in the viscid layer of mucus lining the whole alimentary canal, and the mucous secretions of œsophagus, pharynx, larynx, trachea, and mouth, in the later stages of the disease.—*Medical Record*.

DEODORIZERS, DISINFECTANTS, AND ANTISEPTICS.

Great confusion prevails in the use of these words, and in the meaning attached to them. They result, not merely in verbal inaccuracies, but in chemical errors, and serious blunders of the unscientific kind, in the application of chemical substances for sanitary uses. The following observations of Dr. Calvert, while especially directed to the demonstration of the advantages of carbolic acid, draw important distinctions between it and substances which act only as disinfectants, such as bleaching-powder and sulphurous acid; or those substances which are deodorizers, as chloride of manganese, green copperas, nitrate of lead, etc.:

"DEODORIZERS.—All substances merely acting as such are neither disinfectants nor antiseptics, as they simply remove the noxious gases emitted from organic matters whilst in a state of decay or putrefaction, and, as they do not possess the property of arresting decomposition or fermentation, it is no proof that the source of infection has been destroyed; for noxious smells and offensive gases are not themselves the real source of contagion, but merely indicators of its existence,—the real source of disease and contagion being due, as proved by the latest investigations in science, to microscopic spores floating in the atmosphere, and

which, by their ulterior development and propagation, are believed to be the true source of contagion.

DISINFECTANTS.—Under this head may be classed bleaching-powder or chloride of lime, sulphurous acid, and permanganate of potash; they first act as deodorizers, and then as disinfectants, because, if employed in large quantities, they will so thoroughly oxidize or act upon organic matters as to prevent them from again entering, at least for a short period into decomposition; but, if the organic substances so acted upon are exposed to the atmosphere, they will again experience decay and putrefaction.

ANTISEPTICS.—Antiseptics, such as corrosive sublimate, arsenious acid, essential oils, carbolic acid, etc., act as such by destroying all source of decay and decomposition; that is to say, they will destroy or prevent the formation of the germs of putrefaction and fermentation, without acting upon the mineral and vegetable matters present. The advantage of their use is, therefore, that they act when used in small quantities, upon all organic matters in a state of decay. Further, they are deodorizers, for they prevent the formation of offensive odors, and consequently they may be considered as antiseptics, disinfectants, and deodorizers. The great advantages which carbolic acid possesses over all other antiseptics are, that it cannot be used for any illegal purpose as arsenic or corrosive sublimate; and further, that its antiseptic properties are so powerful that a few thousandths of it will effectually prevent the putrefaction of substances, such as glue, blood, urine, fæces and the fermentation of all vegetable matters, such as flour, starch, sugar, etc.

“Owing to the inducements which have been held out by some traders, large quantities of a fictitious mixture have been sold to the public as carbolic acid. To enable purchasers to protect themselves from fraud, the following test is supplied on the authority of Mr. W. Crookes, F.R.S.:—‘Commercial carbolic acid is soluble in from twenty-five to seventy parts of water, or in twice its bulk of a solution of caustic soda, while oil or tar is nearly insoluble. To apply these tests—1. Put a teaspoonful of carbolic acid in a bottle; pour in it half a pint of warm water; shake the bottle at intervals for half an hour, when the amount of oily residue will show the impurity. 2. Dissolve one part of caustic soda in ten parts of warm water, and shake it up with five parts of the carbolic acid. As before, the residue will indicate the amount of impurity. These tests are not given as having any pretension to scientific accuracy, but as affording persons who are in the habit of using carbolic acid a rough and ready

means of seeing that they possess the right article.'"—*Half-Yearly Abstract of the Medical Sciences, from British Medical Journal.*

BIBLIOGRAPHICAL NOTICES.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.
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These papers, the principal of which is the one by Stephen Rogers, M. D., of New York, on "Extra-Uterine Fœtation and Gestation, and the Early Signs which Characterize it," have been too widely circulated and commented upon to require any extended notice here.

The volume closes with two prize essays, one by J. R. Black, M. D., of Newark, Ohio, "On the Causes of Intermittent and Remittent Fever," and the other, a rather remarkable production, by our fellow townsman, Dr. M. A. Pallen, "On the Treatment of Certain Uterine Abnormities."

As regards the merits of the last production, public opinion seems to be pretty uniform, and if the criticisms of our exchanges are to be taken as the expression of the esteem in which it is held, it can hardly be called flattering, or well calculated to stimulate adventurers in this department.

The New York Medical Journal for April, 1868, opens the following broadside upon this adventurous paper :

"It is difficult to believe that the responsible officers of the Association would be willing to endorse the surgical procedures set forth in the second essay, 'On the Treatment of Certain Uterine Abnormities,' by Dr. Montrose Pallen, of St. Louis.

We must as a duty, simply enter the strongest protest against them, and warn the inexperienced gynecologist, in the interest both of science and of humanity, not to attempt them. The adoption and promulgation of this paper, we look upon as the most serious error that has been made by the Association since its organization."

If by this we are to understand that our friends of the N. Y. Med. Journal, have the least fear that these views will be adopted

by even the most jejune of the profession, we can assure them that there is not the least danger: But if their fear is that such views, if put in practice upon women—*real women*—would soon reduce the stock of such, we heartily therein agree with them.

The New York Medical Record for January 1, 1868, commenting upon these “transactions,” remarks thus:

“Dr. Pallen has also given us many interesting facts, bearing upon his subject, *but his plans of treatment for uterine affections can hardly be recommended for safety. The Western women may be proof against bad results from the operations which he proposes, but our Eastern females certainly lack much of that necessary stamina.*”

Now, we can assure the Record that our “real women” out here, not “women in buckram,” as our venerable friend Dr. Linton would express it, like their Eastern sisters, are wanting in the necessary stamina to withstand these operations; and it has come to our knowledge recently, that one of them, that came to this city in search of help, was bi-lateralized,—and died of peritonitis a few days afterward.

The Boston Medical and Surgical Journal, under the head of “Gynecology” quotes “from a sharp editorial in the November issue of the St. Louis Medical and Surgical Journal, the following extracts:

We had thought that to cut out the clitoris, and to split open the neck of the womb, and cut out the entire womb, were operations *hardly* ever to be performed—*hardly* ever justifiable. When we read of I. Baker Brown and his raid on the *clitoris*, scattering clitorides about the floors of his hospitals like bits of meat in the shambles—when we heard of Sims, and others, who were slitting open the wombs of old and young at the rate of some forty or fifty a year, we were shocked and startled, and thought of looking into the subject. Perhaps we have not, even at this date, looked very far into it; but so far as we have looked we simply record. We had taken up the idea that Prof. Bedford, of New York, whose works on *Gynecology* are well known wherever the English language is spoken, and which have been translated into foreign languages, *might* know something of the subject, so we ventured to write him a letter, asking him how often he had found it necessary or even advisable to perform these

two great operations, *clitoridectomy* and *hysterotomy*? Prof. Bedford replied in a full letter, from which we make the following extract:—"I beg leave to state that I have never made a section of the neck of the uterus but in two instances, in which there was an imperforate *os tinæ*, and the women were both pregnant. In both of these cases I performed the operation of vaginal hysterotomy, and was fortunate enough to save both the mothers and the children. These cases have been fully reported in the third edition of my *Principles and Practice of Obstetrics*, pp. 644, 651. I have never excised the clitoris for the reason that I have never, either in my own practice or consultation, found it necessary. I am not afraid of the knife, my dear doctor, nor do I shrink from responsibility when good and justifiable motives call for action. But I think the time has come for medical men to pause and reflect. We do too much for suffering woman. We but add to her pangs, both moral and physical, doing too much. What a martyr to our action! And now the clitoris! The future of its torture is just commencing. Would that some voice more potent than mine could be heard in behalf of these martyrs to officiousness on the part of practitioners who falsely imagine every womb and clitoris are in absolute need of the speculum, the nitras argenti, and a bistoury." We stop our quotation from Dr. Bedford. He is strong enough against the modern meddling with women's wombs without quoting him to the end of his letter, of which the last sentence is just this:—"This is, verily, the age of woman's suffering."

* * * * We wrote to Hodge, of Philadelphia. Sure, Hodge will know something. Hugh L. Hodge! Well, we got a letter from Hodge. He says:—"I can perceive no philosophical foundation for either of the operations (*clitoridectomy* or cutting open the neck of the womb), and therefore have never resorted to them."

Thinking that uterine disease might be a sort of epidemic about St. Louis, we addressed a letter to Dr. Boisliniere, who has devoted a great deal of attention to female diseases. The letter contained only the two questions. "How often have you performed *clitoridectomy*, or *hysterotomy*?" Here is his answer, which we publish in full, as it is nearer home:—

"DEAR SIR,—In answer to your questions, I will say that, in the course of a practice of upwards of ten years devoted to the diseases of women, I saw only three cases in which the section of the neck of the womb was imperiously required on account of extreme flexion of the cervix. I never did, nor believe I ever shall, perform the operation of *clitoridectomy*. BOISLINIERE."

Now, physicians must reason about this matter. Let us look at it very calmly. Here are some rather young dapper fellows, not much smarter or more honest than men in general ought to be, who pretend to have found from forty to fifty cases in a year of female disease in which it was advisable to cut open the neck of the womb! and this does not happen in our biggest towns, whilst two of the greatest authors on the subject of the diseases of women—the oracles, as it were, of New York and Philadelphia—condemn the operation *in toto*. Where is the truth? Is it possible that these lads have found out what Bedford and Hodge and Boislaniere never dreamt of?

And thus continues:—

We find in the above a timely warning to us all to make haste slowly in the matter of using the knife upon the uterus. There is a fascination to some in cutting; and especially in the descriptions now current in letter-press, diagram and colored delineation, of operations done on the womb, and of the deformities removed or changed thereby. The mechanism set forth is attractive, the manual skill and the amount of risk incurred invite enterprise, and the beneficial results claimed are so prompt and radical as to entice the unwary at least from slower and less striking methods of treatment. A dashing surgical operation throws into the shade the laborious management and patient waiting which have been the practice of the conservative and tentatively cautious. We fear that the various forms of hysterotome are too much used, and are likely to be more so, to the eventual discredit of uterine surgery. We by no means intend to intimate that the division of the neck of the womb is never proper or called for. Of course hospitals and clinics for the special treatment of diseases peculiar to females, and also practitioners of extensive reputation in the above-mentioned surgical specialty, have brought to them every variety of case, and particularly the most exaggerated abnormalities. Thus, the greater part of the instances which warrant extraordinary interference may fall to the lot of a few. *But, we cannot help thinking that the operative procedures in question, now so heralded on both sides of the Atlantic, should be reserved for the extreme cases—should be EXTRAORDINARY—instead of being made the key to unlock uterine pathology. They should not be set up as the remedy for all but every disorder of the womb.*

Now it may be that these notes of warning from “the hub of the universe,” derive additional value from the fact that they are from “the feet of Gamaliel” (?),—Dr. H. R. Storer, whose

gynecological teachings are well and favorably known. The journal concludes :

“We have put the term gynecology at the head of these remarks, using it in the special sense to which it has of late been *pervverted*, but not forgetting that other organs than the womb are the seat of ‘diseases peculiar to females.’ We would remark in conclusion, for the benefit of whom it may concern, that the region, now-a-days so freely manipulated by so called gynecologists, represents what it was formerly conventional to consider the *private parts*.”

It is well to keep this antiquated recollection before the public, as there is evidently great danger of this, once private region, becoming one of the most public parts of the body. Indeed, it would seem as though there was danger of this being regarded as the only part of woman really valuable for diagnostic and therapeutic purposes.

But to the “prize essay.” The opening propositions, “menstruation irregular in its character is always coincident with uterine disease” and “all uterine abnormities tend to a deformity of the organ, either in its neck, or its body, or both” are really rich, and their enunciation by one whose pathological researches, *are acknowledged to have been not the most ample*, are certainly not less rich, and promises, as it really does produce, a rich crop of practical error and empiricism.

This essay has been styled a paraphrase of Sims’, but it certainly out-Simses Sims. It is Sims on stilts—Sims in hyperbole—the sober, industrious, hard working, truth-loving Dr. Sims, dressed up in furbelows—bedecked with fantastic garments, gaudily bedaubed with bright colors, playing the clown at a country show—and yet it is Sims. Aberrant as it may be, it is Sims made pregnant with a teeming brood of error. And while we would not be understood as desiring now to call attention to *those points* that have alarmed our Eastern cotemporaries, we may be excused for pointing out some of the *excellencies of the pictures* :

Plate I., B, is a tolerable copy from Hodge’s *Obstetrics*, (p. 41), with, however, the mucous membrane rubbed off in the handling.

Plate II., A, is a much greater "abnormity" than the author intended, as one of the Fallopian tubes is in front and the other behind,—that is, the Fallopian tubes are antero-posterior,—and then the lines a. a,—scissor sections!!! Now we only say, what every one at all familiar with Sims' scissors, and their sections, knows, when we state that no such section was ever made with Sims' scissors, *nor can such section be made with them on the living subject*. Here again in these scissor sections and sweeps of uterotome, we have Sims on stilts. The "glans neck" is also Sims' conical neck distorted.

Plate III., C, is too evidently a fancy sketch to require comment. The apparently fearful sweeps of knife and uterotome, are harmless, however, as they are on *paper only*. It is here again *utterly impossible to make* the scissor sections in this, and plate IV,—and the "*mushroom neck*" and uterotome sweeps are alike *paper "abnormities."*

But the abnormity of "abnormities" is given us in plate V., A, the history of which, as given us, is not that of a fibroid tumor, but rather of a sub-involution. But it also, we suppose, is only a fancy sketch, as we have in our possession the *original picture*, but it looks now as though it had been sketched while the "abnormity" was in *transitu*, as it differs very much from the *fully developed "abnormity,"* as given in plate V., A. But really the most abnormal part of this interesting (amusing) "abnormity" is the sounds, the *pictures* of which are given: "B, block tin sound before its introduction into the cavity;" "d, sound curved and bent on itself, and adapted to the irregular sinuosities of the canal;" "C, sound as it appeared when withdrawn."

Now, what first strikes the observer of these sound "abnormities" is, that the sound C, after its withdrawal, presents much greater "abnormities" than while in the canal of the uterine "abnormity." Instead of being straightened by withdrawing it through a straight canal of two inches in length, it is really crooked thereby—the "abnormity" is increased!! Well, *this is an "abnormity"—but one we have no difficulty in comprehending.* Most persons would think that a sound sufficiently pliable to

adapt itself to the yielding walls of such a canal as this, would be sufficiently pliable to be straightened—somewhat, at least,—in its withdrawal through a straight portion of the same canal, some two inches in length; but when *assured* in a “prize essay,” read before the American Medical Association, that it was really *distorted* thereby, they surely *ought* to believe it, but nevertheless they *cannot* but feel that they are *rather* on the confines of the marvelous.

G. M. B. M.

ORTHOPÆDIC APPARATUS, and Description of Mechanical Apparatus employed in the Treatment of Deformities and Deficiencies of the Body, with Directions for taking Measurements for their Application. By D. W. KOLBÉ, Manufacturer of Surgical Instruments, and Mechanist to the Philadelphia Orthopædic Hospital, No. 15 South Ninth street, Philadelphia.

This is the title of a neatly illustrated brochure, containing much useful information for all practitioners who have anything to do with orthopædic surgery. M. Kolbé's skill as a mechanist is undoubted, and as an instrument maker he has few, if any, superiors. His catalogue will be sent to any physician who will furnish his address.

We have also received the following books, notices of which are unavoidably postponed until our next number. From Henry C. Lea, Philadelphia:

Part III. of Bumstead's Cullerier's Atlas of Venereal Diseases, Wilson's Diseases of the Skin, Stillés Therapeutics and Materia Medica, and The Indigestions, by Chambers.

Also, Biddle's Materia Medica for use of Students, from Lindsay and Blakiston, Philadelphia, and Loomis' Physical Diagnosis, from Rob't. M. DeWitt, New York.

ERRATUM.—Dr. Hammond has called our attention to the fact that in his article in the last number of our journal a portion of the treatment was omitted. He carried the dilatation to No. 17, steel sound, and should probably have passed No. 18 subsequently, but that the patient left the city.

EDITORIAL NOTES AND VARIA.

BACK NUMBERS WANTED—*Although it was supposed that a sufficient number of copies of our Journal had been provided to meet all contingencies, the large increase of subscribers desiring the back numbers has entirely exhausted our first number. We will pay twenty-five cents, either in cash or by credit on subscription, for copies of that number:—will those of our subscribers who do not file their numbers oblige us by responding?*

WE regret that the American Medical Association, at their recent meeting, did not take a more decided action upon the much and justly mooted subject of advancing the standard of Medical Education. It seems that the only action upon this subject was the adoption of a resolution, offered by Prof. Comegys, of Cincinnati, pledging the Association to sustain any measure for the advancement of Medical Education that might be agreed upon by two-thirds of the medical colleges in the country. Doubtless, more than two-thirds of the medical colleges in the country were directly or indirectly represented in the Association. It is certain, at least, that among the attendant members of the Association were many of the ablest and most experienced teachers in the country, and some of whom had taken a most lively interest in the matter, and had been delegates to the "Teacher's Convention," which had been held since the previous meeting of the Association, at which the necessary changes and improvements had been freely discussed and carefully considered. In consideration of this fact, and further, as the proposed changes had been freely commented upon by the medical journals throughout the country, we had thought that the Association would have been prepared to *recommend some definite course to be adopted by the schools*, and thus, as the national head of the American profession, have more fully given the influence of its prestige in favor of a reform which the profession almost unanimously acknowledge the necessity for, but the schools for some reason hesitate to inaugurate. We sincerely believe that no subject of more vital interest and importance to the American medical profession could possibly have engaged the attention of the Association, and heartily endorse the opinion of the editor of one of our most esteemed

exchanges, that it is by its efforts to raise the standard of medical requirements that the national Association can ever become worthy of representing the whole nation.

In this connection the following extract from the letter of a *lady* correspondent of the *Independent*, descriptive of the Association, as assembled at Carroll Hall, may not be uninteresting: "On the platform stands a simple table, beautiful with bouquets, surrounded by gray-haired savants, while hundreds more—bald and wise, fill the hall in learned convention. These are the members of the American Medical Association, now holding its nineteenth annual session, in Washington. This is a body of men more marked and remarkable in learning and intellect than even the United States Senate. The Association has more than six hundred members—embracing the most learned and distinguished members of the profession in every part of the land. The chiefs and professors of medical colleges, the editors of learned medical journals, discoverers and practitioners in medical art are here; and in consideration of what they are, are interesting to behold."

Apart from a direct influence upon the educational system, the decided action of such a body of men could not but have been of great service in strengthening the hands of those who are laboring earnestly in the several States to secure legislative enactments discriminating between educated, intelligent physicians, and the ignorant quacks, avaricious charlatans, and base and bold practitioners—the self styled "doctors"—that with a boldness and effrontery only equalled by their unblushing shamelessness, flaunt their signs in our most public thoroughfares, and under the very shelter of the law pander openly to the basest passions and disgrace humanity with their villainous practices. Unfortunately, in our State and in many others the law makes no distinction between the educated physician and ignorant pretender. He who will may assume the title of doctor, and with impunity trifle with the lives and health of his fellow men. What we wanted, what we hoped for and had reason to expect was, that the representative head of the American Medical profession would have taken decided steps in the matter, and have adopted and enforced, to the utmost of their ability and influence, the necessary means to elevate the profession to the position of honor and respectability it once occupied.

WE know not that we can do better than transcribe to our pages the following from the editorial columns of a late number of the *Boston Medical and Surgical Journal*:

THE PRESENT POSITION OF THE MEDICAL PROFESSION.—The

position which the medical profession of our country occupies to-day in the eyes of the public is far inferior to, and less assured than, what it was fifty years ago. The Doctor of former days was a power in the community. His opinions were indisputable; his *dicta* were laws. To doubt his knowledge, to disbelieve his statements, or to disobey his injunctions were heresies unknown. His very title smacked of learning and authority. A doctor, or teacher, in medicine, he was to all, as his name implied. Once established, by the slow and regular law of succession, in practice in the place of his choice, there he remained, a useful and a much used fixture, until he died. No one thought of doubting his doctor any more than he would his creed.

How absolutely changed is all this now! Greedy quacks, tricky hospital stewards home from the war, professors with no profession save plunder, peripatetic panderers to the vilest passions, violators of the Hippocratic oath, patent medicine puffers with lying clerical certificates, nostrum venders, the sole value of whose preparations is the proprietary stamp which they bear, poisoners of infancy under the guise of venerable Nurses and Mothers' Guides, divide the field with the learned Pathist, whose pathy is a non-entity, and the latest Teutonic importation of mysticism and emptiness. Nor is this the worst. For in the eyes of a great part of the community they stand on the same level with the regular profession. One doctor is as good as another; and he who pleases may assume the title, with little study, or with none at all. Neither can we wonder much that this is so, since the public have no *data* on which to base their judgment.

None but those who make it the business of their lives can master so vast a field of theories and facts, of empiricism and science. All others who acquire a popular knowledge of medicine are sciolists; smatterers in a learning which they can turn to no profit, but to great harm to themselves and others. Over-confident, because partially taught, the popular physiologists, hygienic professors and domestic doctors become a bane to the community whom they aspire to direct and heal.

It has been a very favorite idea with modern radical reformers that all knowledge, even of the most private nature, should be freely imparted to both sexes. No greater abuse of the real uses of knowledge ever existed, and no greater mistake was ever made. In such matters "ignorance is bliss" indeed, compared to the baleful effects of knowledge undirected by professional study. Private lectures and secret advice, popular physiology and anatomy, given and taught the young

of both sexes, have debauched their imaginations, without moulding the will to self-government, or instructing the mind in real knowledge.

From such false teaching come the scores of youth, the imaginary victims of secret infirmities, who fall a prey to quacks. By partaking of such unwholesome food from the tree of knowledge, young women familiarize themselves with facts which breed something worse than contempt, and which lead them to be mothers only in name.

Who has not been shocked of late years to hear the technical phrases of medicine used by unblushing female lips to describe privacies and maladies which were formerly covered by modest women under the veil of the most delicate paraphrases?

From knowing all to doing all, the step is short. The descent is easy from the popular lecture on physiology to the employment, first of natural, and anon of unnatural and violent means, to accomplish desires, or to obviate results.

While such have been the effects of popular medical teaching in one direction, in others they have led to yet wider evils, in destroying the confidence of the public in regular physicians and in establishing and sustaining every form of quackery and delusion.

Even the simulated therapeutic agencies of another world have been summoned to heal the sick through the medium of the most vulgar and ignorant pretenders.

What cause for surprise then, that blinded by pseudo-sciences founded on baseless abstractions, confused by a few rays of knowledge discolored by interested teachers, and deluded by miraculous agencies and cures assumed by charlatans, the poor public has lost its calmer judgment, and can no longer distinguish between truth and humbug; between a rational knowledge based on long study and observation, and unmitigated knavery under the guise of popular science.

Such being unfortunately the present aspect of affairs in our profession, can any remedy be found?

To seek the cause points the remedy; and the cause, unfortunately, can be found, in great part, in ourselves; in our own negligence; in our indifference to abuses which have crept in gradually among us; and in the low standard of medical education which the competition of starveling and rival schools has fostered in this country.

Too great laxity has been allowed to charlatans from among our own ranks, who have been permitted to remain under the shadow of that authority and respect which companionship in good society secures. So many physicians have been turned loose to prey on the public, also,

with a mere smattering of medical knowledge, that they have necessarily lowered our standing in the community. Add to all this that transitional state which society has undergone in this country during the last half century, and we have said enough.

So far as a remedy can now avail, it rests mainly with ourselves.

To close our ranks firmly against pretenders; to practice, as we believe, with a rational faith in our art; and, above all, to steadily raise the standard of medical education, is the only way to recover the position which our fathers held, and which we should retain.

A NEW TREATMENT OF PHTHISIS PULMONALIS.—Dr. Carl Both, of Boston, Mass., (*New York Med. Record*,) has great confidence in the curability of “consumption” by *artificial calcification*. His theory is that tubercles in the lungs are composed of, and originate from, blood globules which have escaped out of the general circulation, through the bursting of an obstructed capillary vessel. That this obstruction takes place where the respiration is suppressed, and hence that tubercles can only originate in those parts of the lungs where respiration has been suppressed or has ceased.

His treatment is a practical application of the cellular pathology announced by Virchow. The cells of our body are sustained by the food we eat; and if we cut off our food, we cut off the nourishment of the cells. By giving different kinds of food, different effects are produced on the cells.

The natural healing process consists in the calcification of the displaced or degenerated cells, so that they appear as if made of chalk. It is evident that in such cases the blood must have been able to furnish a considerable quantity of lime to provide for this process of calcification. His treatment, which is designed to simulate this natural process, is divided into three sections, each of which finally support each other in their effects :

1st. The extension and cleansing of the lung by pressing air into it.

2d. The introduction of lime into the blood in sufficient quantity for the calcification of the tubercles; and the purification of the blood by higher oxidation.

3d. The determination and regulation of a diet to suit the particular form and degree of disease.

The direct treatment of the lungs consists in pressing the air into them by natural inspiration, powerfully stimulated by certain muscular exercises which are calculated to effect this object. The air vesicles

and the obstructed bronchi being thus opened, the pus and mucous contained in them will be expelled; at the same time the capillary circulation will be increased, diosmosis of the cells renewed, and many of them rescued from fatty degeneration and decay.

The treatment of the blood consists, *first* in purifying it from those substances which cause profuse perspiration, *second* in the introduction of *phosphorus* and *sulphur*, and *third* in furnishing a sufficiency of *lime*, *silica* and *magnesia*.

The hulls of oats, barley, wheat, and rye furnish these abundantly, but when they cannot be readily digested, the extracts of herbs and plants known to be rich in these three substances, such as *triticum repens*, *achillea millefolia*, *marrubium vulgare*, *leontodon taraxacum*, &c., serve as a proper substitute.

Food is divided into two classes, respiratory, which contains no nitrogen, and plastic, which contains nitrogen and replaces the materials consumed by the action of the body. The general rule for the administration of food in each case, is to *adjust the quantity given to the amount of oxygen to be absorbed*. For *respiratory* food, use whey, freshly made from boiled milk, by the addition of a little cream of tartar to remove the caseine; malt, sugar, honey, fresh butter, and in the summer, milk after it has become thick from the formation of lactic acid. For *plastic* food, when the digestion is bad, give Liebig's extract of meat, and raw meat chopped fine and given in form of salad is excellent; when the digestion is good, beef, mutton, game and fresh fish are the best.

The bread should be made of coarsely-sifted rye meal and corn flour. Sago, cracked wheat, farina, rice, corn and oatmeal, tomatoes, and all kinds of fresh and acid fruits may be given as the case requires.

HYPODERMIC USE OF QUININE.—Dr. Bulkley, physician of the New York hospital, is eulogistic of the hypodermic use of quinine in the treatment of intermittent and remittent fevers. This mode of using quinine, he says, is now the rule of that hospital in the treatment not only of the congestive form of malarial disease, but also in simple intermittents, and it is seldom that it fails to prevent a paroxysm after entering the hospital, if there is sufficient time for its action. Two injections of four grains each, with an interval of two hours between them, is usually sufficient for this purpose. Quinine is then given by the mouth to prevent their return. This mode, he says, of treating malarious diseases has proved both effectual and economical.

Not the slightest unpleasant result has occurred from its use, except in one instance, when an abscess formed, which, however, caused but little trouble. It is rare, he says, that patients with intermittents have had more than the second paroxysm after entering the hospital. The success at that institution, during this as well as the past season may be fairly attributed to the hypodermic use of quinine.

DOUBLE WALL ICE PITCHERS.—Prof. S. Dana Hayes, State Assayer of Massachusetts, in a letter to the *Scientific American*, calls attention to the fact, that in the majority of these pitchers in use, the lining being made of two pieces of different metals or alloys—the bottom of silver, nickel, copper, or other hard metal, to resist the blows from the ice when carelessly thrown in, and the sides of brittania or “white metal,” the two soldered together, and then silver-plated—a corrosion from galvanic action is the result, by which the water is rendered deleterious to health in four hours, and in twenty-four hours sufficient poisonous metals have been dissolved to impart taste to the water.

In one hour the water contained traces of lead and copper.

In four hours the water contained 0.7 grains of lead and copper.

In twelve hours the water contained 1.6 grains of lead and copper.

In twenty-four hours the water contained 3 grains of lead and copper.

As lead and copper are highly poisonous, too much attention can not be called to this matter, and none other except the “seamless-lined pitchers,” those made with a lining of one solid piece of metal, should be used. It is a surprising thing that attention has not sooner been called to this source of ill health.

CHRONIC METRITIS—PROFESSOR SCANZONI'S TREATMENT.—Prof. Scanzoni, of Wurtemberg, has never obtained any good effects from anything but the iodide of potassium, and the iodo-chloride of mercury in direct application to the uterine and vaginal mucous membranes.

He uses, for instance, a liniment containing one drachm of iodide of potassium to one ounce of glycerine, and places every night in the vagina a sponge impregnated with the fluid. The sponge is removed in the morning. This, he says, is the only method of iodide dressing which has ever been found capable of reducing in the course of two or three weeks the size and induration of the inferior segment of the womb, and is infinitely preferable to the application of the tincture of iodine and of iodized liniments to the inguinal regions.

Scanzoni has more recently had recourse in the same manner to the

introduction into the vagina of the following pomade:—hydrarg. iodo-chloridi, gr. v.; adipis, ʒj. After each application of the remedy, which requires the assistance of the speculum, the patient should keep her bed for six or eight hours.

The sponge may then be extracted, and an injection of tepid water should be performed. The epithelium is in general destroyed in the parts which have come into contact with the ointment; exudation follows, and marked decrease of size of cervix. The application may be repeated several times, if necessary, at intervals of ten days or a fortnight.

Seanzoni has completely relinquished the practice of applying tincture of iodine to the vagina or cervix. When excoriations are present, he prefers to all other local remedies rectified pyroligneous acid, pure or mixed with equal parts of creosote. He leaves these modifiers in contact with the ulcerated surfaces, until the sanguinous oozing has ceased, and until the part, which is in general of a bright red, has acquired a dead white color.—*Journal of Practical Medicine and Surgery*.

RADICAL CURE OF VARICOSE VEINS.—Dr. Stephen Smith, of New York, in the *Medical Gazette*, says that in the injection of the persulphate of iron, as recommended by Maissonneuve, of Paris, we have a radical cure for this troublesome affection, which may be regarded as entirely safe and efficient. The operation, he says, is very simple, and can be performed by any one. With the patient in the erect position so as to distend the veins, five, ten, or fifteen drops of the liquid persulphate (Squibb's preparation) is, by the use of a common subcutaneous syringe, passed into the cavity of the vein, which is pressed by the finger; in a few minutes the clot is detected by external examination, and the needle is withdrawn. The patient should remain in bed for several days, and cold applications be made to the puncture. As a precautionary measure, he always applies a compress and roller over the trunk of the vein on the cardiac side, to prevent the possible escape of a coagulum from the mass into the general circulation. He usually injects the larger trunks, and generally injects at several points at one sitting. The clot is much more firm and effective than that formed from external pressure, and at once perfectly occludes the vessel.

FRACTURE OF THE PATELLA.—We were somewhat surprised at seeing in a recent number of the *Medical Record*, *New York*, a sketch of an elaborate apparatus, with weights, cords, pulleys, a long splint,

short splints, bandages, paddings, &c., and a bed especially arranged for their use, for treatment of fracture of the patella. The apparatus is the device of Dr. Burge, of Brooklyn, N. Y., who justly remarks that, "the number of methods already in use for securing the best possible union after fracture of the patella is so great, and so much ingenuity and experience has been brought to the subject, that one can hardly excuse himself for occupying afresh the attention of the surgical world, unless he has something of real value to contribute." We certainly infer from this, that Dr. B. had no knowledge of the simple and most efficient method of treating this troublesome fracture by means of a ring, to which the attention of the profession was recently called by Dr. Wm. A. Gibson, of this city. Gibson's ring has the advantage of *extreme* simplicity, both in mechanism and application, the *constant* retention of the fragments in direct apposition, and *impossibility* of their displacement, and withal, no necessity for confining the patient to bed.

The *ring* has given *entire* satisfaction in every case in which it has been used, and is, in our opinion, so infinitely superior, in every respect, to the apparatus devised and figured by Dr. B., that it really seems needless to attempt comparison between them.

SULPHATE OF ZINC IN DYSPEPSIA.—Dr. Gillespie, of Louisa Co., Va., (*Boston Med. and Surg. Jour.*,) thinks dyspepsia or chronic *gastritis* is one of the most common of the ills to which flesh is heir, and from an extensive experience with the remedy for several years thinks sulphate of zinc "as safe and sure as quinine in intermittents." He uses it in doses of half a grain gradually increased to two grains, three times a day, in pill or solution, combined with opium or extract of hyoscyamus, and, of course, with a regulated diet. His explanation of its *modus operandi* is, that it operates on the inflamed and engorged mucous coat in the stomach in the same way that it does in ophthalmia. He has also used the sulphate of zinc in epilepsy with benefit, and thinks it serviceable in all cases in which *argenti nitras* relieves.

(When a student of medicine, Prof. Samuel Jackson, of Philadelphia, had great confidence in zinci sulph., in epilepsy, and by continued use his patients became tolerant of astonishingly large doses.—Ed.)

INCOMPATIBILITY OF POT. IODID. AND POTASS. CHLORAT.—This is an important point in practice, for in syphilis, to act at the same time upon the ulceration of the mouth and the general malady, chlorat. potass. and pot. iodid. are frequently given. This practice is danger-

ous as has been frequently demonstrated by M. Vée; for the chlorate of potash, absorbed simultaneously with the iodide of potassium, may part with its oxygen, and transform it into the iodate, a poisonous agent. The recent experience of M. Melsens proves the possibility of this transformation.

This ought to suffice to prevent, were it only as a precautionary measure, the simultaneous administration of the chlorate of potash and the iodide of potassium.—*Gazette Méd. de Paris*.

TO PREVENT PITTING FROM SMALL POX.—Dr. Charles Black, of London, reports in the *London Lancet* the treatment of a number of cases of small pox, several of severe confluent form, by exclusion of light, and by guarding the face from the action of the oxygen by keeping it constantly covered with fresh hog's lard, with the effect of entirely preventing *pitting*. The patients were kept in *perfect darkness* from the first appearance of the eruption, and their faces constantly besmeared with the lard. The pustules did not burst, as is usual when they had acuminated, but shriveled "into yellowish brown scabs, which fell off in two or three days *without a single pit*. No secondary fever occurred."

In one case from which the light was not perfectly excluded, or rather to which a degree of light was occasionally admitted by neglect or wilfulness of the nurse, a *few shallow pits* resulted.

The medical treatment consisted in administering "from one to two drachms of solution of acetate ammonia, with two or three drops of arsenite of potash, every second or third hour" until the acuminations of the pustules, from which period until the completion of the desiccation dilute nitric acid was substituted for the acetate of ammonia. The diet consisted in the earlier stage, chiefly of milk and light farinaceous articles, with cooling drinks, to which were added beef tea, chicken broth, &c., as the maturation of the pustules progressed. A small quantity of wine was allowed in one case during convalescence.

CARBOLIC ACID IN BURNS.—Prof. William Pirrie, of the University of Aberdeen, recommends carbolic acid and olive oil in the proportion of one to six as an application to burns. He relates in the *Lancet*, the case of a delicate young girl eleven years of age, whose face, neck, side, back, and arm were severely scalded by boiling water. Two folds of surgeon's lint were soaked in the carbolic acid and oil, and applied over the whole surface, tin foil being placed above the lint to exclude the air. In ten minutes the patient was free from pain.

On the second day the skin was greatly improved, and the bullæ which had formed seemed withering away. The skin was perfectly healed on the twelfth day, the cuticle having been thrown off. Not a drop of pus formed during the treatment — *Pacific Medical and Surgical Journal*.

MEDICATED BOUGIES IN GONORRHOEA AND GLEET.—Dr. Barthelow recommends bougies of cocoa butter, variously medicated, after the subsidence of the first stage of Gonorrhœa, and in Gleet. Tannic acid, acetate of lead, morphia, and other remedies may, in this manner, be applied directly to the disordered surface. In summer it may be necessary to add a little wax to the butter. The bougie should be about four inches long, and large enough to fill the urethra without distending it, and the best time for using it is at night. If it tend to slip out, a strip of adhesive plaster can be applied to retain it.—*Cincinnati Repertory*.

INFLUENCE OF MERCURY ON THE BLOOD.—At a session of the Medico-Chirurgical Society, of Paris, Dr. Grassi made the following communication: When I was chief *pharmacien* of the *hôpital du Midi*, I analyzed the blood of all the syphilitics who were subjected to mercurial treatment. I first analysed the blood of a patient upon his entering the hospital, prior to treatment. In case the patient had had syphilis for some time I found the blood poor in globules; then, once the treatment was commenced, every night 150 grammes of blood were abstracted, and notwithstanding the repeated bleedings, I ascertained at each analysis that the globules were increased in number, consequently the blood was restored. Far from destroying the globules, mercury wisely administered restores them.—*Western Journal of Medicine*, from *Le Courrier Médicale*.

TAR WATER IN CATARRH OF THE BLADDER.—Numerous observations made at hospitals for the aged, in Paris, have shown the indisputable efficacy of tar in the treatment of catarrhs of the bladder. It is the best modifier of the mucous membranes of all the genito-urinary organs. Its action is prompt and remarkable; it increases the urinary secretion, facilitates the exit of the urine, and calms the intolerable pains which are known only to those affected with this disease. Tar water is prescribed in these afflictions by the mouth and by injections in the following doses: for injections, one part of tar-water to four parts of water, three times daily; as a drink, a teaspoonful of tar-water to a cup of water, five times daily.—*L'Événement Médicale*.

CHESNUT LEAVES IN WHOOPING COUGH.—Dr. Unziecker, of Cincinnati, (*Cincinnati Lancet and Observer*), extols the use of a decoction of the leaves of the chesnut, *castanea visca*, in this affection. He takes from zij to ziv of the leaves to the pint of water, which should come to a boil and then stand without straining, and the patient drink freely, both through the day and at bed time. He says he has given it a fair trial in about thirty cases, in all of which it gave decided relief in the first two weeks. The cough is cut short, and patients rest easier through the nights, and the decline of all symptoms from that time on is rapid.

COMPRESSION OF THE CAROTIDS FOR CONVULSIONS.—M. Faviz, a French practitioner, relates three cases in which this treatment was successful, with the following singular results:

In the case of a little girl six years old, who had violent spasms of the left side of the body, with clenched jaws, bitten tongue, &c., compression of the right carotid stopped the fit immediately; the child fell asleep, and awoke in full consciousness a quarter of an hour afterward.

A little girl seven years old had convulsions of the right side, apparently produced by fright. Compression of the left carotid produced equally favorable results. A child two and a half years old had convulsions of the sides. Compression of the right carotid immediately arrested the spasms of the left side. The left carotid was then compressed and the convulsions of the right side ceased. Sleep followed, and the patient in an hour was quite well.—*Pacific Med. and Surg. Journal*.

FOUCHER'S DRESSING FOR WOUNDS.—A solution of two drachms of potassæ chloras and four fluid ounces of glycerine, mixed with two and a half ounces of alcohol forms a clear liquid which is readily absorbed by linen, and does not soil the clothing. It keeps the dressing moist for 24 hours, is easily washed off with luke-warm water, and is well adapted for soft granulations.—*Journal de Médecine de Bruxelles*.

BELLADONNA AS AN ANTI-GALLACTIC.—Dr. Storms, of Topeka, Kansas, (*Leavenworth Medical Herald*) has found a lotion of ext. belladonna, two scruples to an ounce of water, applied freely to the inflamed breast, a most efficient anti-gallactic. He paints the breast over with this three times daily, and keeps it covered with a cloth moistened with the lotion. If the constitutional symptoms of belladonna appear he desists from its use until they disappear.

Dr. S. says he has had no inconsiderable experience with the remedy,

and that by its use "the lacteal secretion may be entirely dried up or only restrained, at the option of the physician, in one breast without producing much effect upon the other. Hence, it is invaluable in mammary abscesses, both as a prophylactic and as a curative agent." He believes that when used with energy and judgment, its power to restrain the secretion of milk to almost any extent, is as certain as the peculiar properties of any other drug. Of course the child should not be nursed from the breast to which the belladonna is being applied.

MENTAL AND MANUAL LABOR.—Professor Houghton, of Trinity College, Dublin, has published some curious chemical computations respecting the relative amounts of physical exhaustion produced by mental and manual labor. According to these chemical estimates, two hours of severe mental study abstract from the human system as much vital strength as is taken from it by an entire day of mere hand work. This fact, which seems to rest upon strictly scientific laws, shows that the men who do brain work should be careful, first, not to overtask themselves by continuous exertion; and, secondly, that they should not omit to take physical exertion, on a portion of each day, sufficient to restore the equilibrium between the nervous and the muscular system.—*Med. and Surg. Reporter*.

ON "GLYCONINE"—A NEW GLYCEROLE?—To obtain this compound, M. Edmond Sichel employs four parts (by weight) of yolk of egg, and five parts of glycerine, which he mixes simply in a mortar. It has the consistence of liquid honey, and is unctuous like the fatty substances, over which it has the advantage of being easily removed by water. It is unalterable, a specimen having been left exposed to the air for three years with impunity. Applied to the skin, it forms on the surface a varnish, which protects it from the contact of the air. These properties render it serviceable for broken surfaces of all kinds, particularly for burns, erysipelas, and cutaneous affections, in which it soothes the itching, and also for sore nipples; its harmlessness prevents, in the latter case, any interruption of suckling.—*Bulletin de Thérapeutique*.

ANTIDOTE FOR STRYCHNIA.—Dr. J. Bartlett strongly recommends common salt as a curative of strychnia poisoning. He reports as many as twenty experiments on dogs, in which violent symptoms following large doses of strychnia ceased after emesis, induced after drenching the animal with water holding in solution several handfuls of salt.—*Chicago Med. Times*.

CAPSICUM IN DELIRIUM TREMENS.—Dr. Lyons urges the use of capsicum in from twenty to thirty grain doses in the invasive stages of delirium tremens. He administers it either in bolus or capsules. A single dose sometimes produces profound and refreshing sleep, and thus cuts short the disease. Several cases are narrated, showing the beneficial efficacy of the drug when thus used. As capsicum belongs to the great order of the Solanaceæ, Dr Lyons suggests the possibility of its containing a narcotic principle hitherto undiscovered.—*Medical Press and Circular*.

PRURITUS VULVÆ.—Prof. Maughs, of the Humboldt Medical College, has found hyd. chl. cor., gr. i to ij, to tinct. canthar. ʒi, an efficient remedy for this and other forms of pruritus in the vicinity of the genital organs.

THE PRESERVATION OF ANATOMICAL SPECIMENS.—Dr. Duchenne, of Boulogne, has availed himself for five years of VAN VETTER'S plan of preserving anatomical preparations, with the most gratifying success. Seven parts of glycerine are mixed with one part of brown sugar and one part of saltpetre; and the specimen to be preserved is immersed in this mixture for a greater or less length of time, according to the size of the specimen; thus, a hand, for instance, requires a week's immersion. After first being taken out, the part is immovable and stiff, but hung up in a dry and warm place, the superfluous glycerine evaporates slowly, and the muscles and joints become soft and pliable. To prevent mouldiness, the specimen is then varnished, and must always be kept in a rather warm and dry place. Dr. Buchanan states, (*Gazette des Hop.*, 84, 67,) that he demonstrated the motions of the middle finger in a hand exposed to the air for four months.—*Phil. Med. & Sur. Rep.*

LABOR DURING SLEEP.—Dr. Wendell Case, of Chicago, reports a case (*Amer. Jour. Med. Science*) of a healthy, well developed brunette, æt. 21; a native of the South of France; primipara, who had the head of the child wholly expelled during sleep. She said she had dreamed something was the matter with her, and awoke in a fright, probably the instant the head was expelled. In less than twenty minutes the secundines had passed away and the uterus contracted with scarcely any pain.

He is informed that she has been confined twice since with the usual amount of labor pains.

A SURE SIGN OF DEATH.—Bring the flame of a candle in contact with a finger or toe for a long enough time to raise an ampulla or blad-

der. If it contain serosity, life is certainly still present, while, if it burst, discharging nothing but vapor, life is certainly extinct. In a word, a dry vesicle is a sign of death, a liquid one of life.—*Ex.*

TO PRESERVE MEAT.—Meat of any kind may be preserved in any temperature, after it has been soaked for ten minutes in a solution made of the following ingredients, well mixed: one pint of common salt dissolved in four gallons of clear cold water, and half a gallon of the bisulphate of calcium solution. This recipe has just been patented in England, and experiments have there shown that meats so prepared will keep for twelve days in a temperature from 80° to 110° , and preserve their odor and flavor unimpaired. By repeating the process, meats may be indefinitely preserved, and if it is desired to keep them for an unusually long time, a little solution of gelatine, or white of an egg may be added to the wash.—*Jour. App. Chem.*

BAFFINE HAIR DYE.—Permanganate of potash, one drachm; pulv. gum arabic, two drachms; rose water, three ounces. Mix, and apply with a small, clean brush, taking care not to color the skin, as its effect upon the latter is as great as upon the hair. The color produced is a fine chesnut.—*Jour. App. Chem.*

TO PRESERVE STEEL GOODS FROM RUSTING.—The simplest way of preventing the oxydation of polished iron and steel goods is to dust them over with quick lime. Where articles are required to be preserved for many months (such as polished steel grates), strips of paper freely covered with powdered lime are to be wrapped around the bars; or they may be placed in cases, and interstices filled up with quick-lime. Pianoforte wire and small goods are preserved in the same way. The *rationale* of the method is this—steel will not oxidize in *dry* air. The presence of quick-lime, from its hygrometric properties, secures dry air, and thus indirectly the lime preserves steel from rust. This is not a new plan, but it is the method adopted by the majority of the Birmingham houses.—*Jour. of Applied Chem.*

DISINFECTANTS.—M. Bonjean, an eminent *pharmacien*, of Chambéry, (Savoy,) has published a book on the means of preventing cholera, &c. Of course, his system rests on the use of disinfectants, among which he mentions charcoal, well pounded, two pounds, sulphate of iron, one pound. Two or three spoonful should be placed in the night vessels used by the sick. He contends that carbolic acid is not only over-rated, but that it has no virtue. This should be noted. Be this as it may, it is true that fashion and crying up has much

to do with the use of disinfectants. We should not, immediately upon the proposition of a new one, forget chloride of zinc, manganate of potash, charcoal and green vitriol—*Lancet*.

USEFUL TO HOUSEKEEPERS—PREPARATION OF FRUIT, SYRUPS, &c.—Most of our readers are doubtless aware that there are two classes of sugars, cane sugars, derived from the cane, beet, &c., and the grape sugars, found in the grape, and in honey, and as prepared artificially from potatoes. The two forms have much the same taste, and cannot readily be distinguished when in solution, but the latter, which is principally used in the fabrication of wines, requires double the quantity of the former to produce a given sweetening effect.

It may not be generally known that by long boiling cane sugar becomes changed into grape sugar, and thus loses a portion of its sweetening power. This takes place not only in clarifying, but also in the preparation of fruit syrups, jellies and preserves, and when these are thickened too much by boiling beyond a certain degree, the grape sugar produced, being only about one quarter as soluble as cane sugar, separates after a time in the form of white crystals, the comparative want of sweetness of which is very evident to the taste. A useful hint to housekeepers is to boil the fruit-juice by itself for the proper time, and then, after allowing it to become lukewarm, add the proper quantity of white sugar, which soon dissolves without further heating. The juice is preserved in this way as perfectly as if the sugar were boiled a long time in it, maintains its original sweetness without the formation of crystals, and a much less quantity will answer the purpose.

The same theory is as applicable to the preservation of preserves and jellies as to syrups.

HAIR INVIGORATOR.—Castor oil, two ounces; cologne water, two ounces; tincture of cantharides, two drachms; aqua ammonia, one drachm; glycerine, one and one-half ounces. Mix, and use as a lotion and dressing. When the scalp and hair become dirty, they may be washed with a little white castile soap and water, or a very weak solution of pearlash in water, taking care to rinse well with pure water, and adding a little oil after the hair is dried, to neutralize any remaining alkali.—*Jour. App. Chem.*

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ADVANCEMENT OF KNOWLEDGE OF DISEASES OF FEMALES DURING THE LAST QUARTER OF A CENTURY.

A paper read before the Missouri State Medical Association, April 23, 1868,
by G. M. B. MAUGHS, M. D., Prof. of Obstetrics and Diseases of Women
and Children, in the Humboldt Medical College, St. Louis Mo.

Most fortunate for humanity and gratifying to the humanitarian, has been the improvement in medical science during the present age of positivism. While old ideas have been subjected to the strictest ordeal, and if not in accordance with the advanced stand-point of science, have been rejected, regardless of time or names that were claimed to have hallowed them—new theories or asserted facts have been brought forward with a boldness, and often a plausibility, that challenged investigation, to be attacked with like fearlessness, tested, and, if found worthless, rejected. And if theories, bold in their asseverations, plausible in their seeming and eloquent in their statement, even now win clouds of votaries who ignorantly promise immortality to their bold projectors, let such rest assured that only truth is immortal—that the vitality of error is in its jejuneness, in which state it must die.

But in this march of science and press of knowledge, in no department of medicine has the advance been greater than in the diseases of females. Here, where the dawning of knowledge with the immortal "Father of Medicine," whose gynecological researches indicate so rich a mine of knowledge—such wondrous

benefits to suffering humanity—the mantle of ignorance was interposed by social habits, religious customs, and superstition, until an age of inactive, slothful ignorance and faith steeped the soul in Lethæan slumbers, oblivious alike to the past and present; succeeded, now, by an age of experiment and research, whose science, proudly rejecting, alike, the ignorance of the present and the past, reorganizes social customs, instructs society, and interposes a prescience where the past could only give vague guesses. Remembering this, let us be true to our profession and ourselves by contemning hobbies—embracing truth for its own sake—testing all things, and holding fast only to that which is good.

Perhaps in no one thing will the necessity for, and truth of these remarks be more apparent, and the enlightened advancement of the present over a comparatively recent date, be made more manifest, than by reference to the diagnosis and treatment of incarcerated uterine polypi, a heretofore not unfrequent cause of death from menorrhagia and metrorrhagia.

Of this condition, only a few years since, the great French surgeon, the immortal Dupuytren, said: “It very frequently happens that polypi concealed in the uterine cavity, inaccessible to our senses or instruments, give rise to severe symptoms, the true cause of which cannot be determined.”

Again he says, “when polypi are entirely included within the uterus the rational symptoms afford room only for conjectures, and examinations by the finger or speculum are alike insufficient.” Madame Boivin says, “so long as the polypus is concealed within the uterus (incarcerated) all that can be ascertained is the increased size of that organ.” “If,” says Ramsbotham, “the polypus be still included within the uterine cavity, and if the mouth of the organ be closely shut, it is impossible to reach it with the finger, and, consequently, quite out of our power to ascertain its presence.” Mende says, “so long as a polypus is inclosed in the uterine cavity, its diagnosis is scarcely possible.” Roche and Sanson declare that “true uterine polypi, while they remain inclosed in the uterine cavity, furnish none but equivocal symptoms, which may be confounded with those of uterine pregnancy; these symptoms may also depend upon chronic inflammation of the

womb, and it is often impossible to distinguish this affection (chronic inflammation) from polypus. In the actual state of the science (in 1840) there is but one case in which a certain diagnosis may be formed, viz: where the neck of the womb being effaced and partly open, it is possible to feel the rounded tumor within." Colombat says, "when they (the polypi) are still within the cavity, there are no distinctly marked sensible signs of them; the woman complains merely of a sense of weight in the pelvis, and a little difficulty in the urinary and alvine discharges. Should we discover by the vaginal examination and sur-pubal palpation that there is a tumor, we should remember that such an enlargement might arise from a collection of blood, a calculus, or a bunch of hydatids, from a fibrous tumor growing in the substance of the uterine paries, or even from a hypertrophy of the womb itself; in such cases, the most prudent course is to wait, and in the mean time, prescribe for symptoms."

Here, in these views of this French gynecologist, two things cannot fail to arrest the attention of even the neophyte in uterine pathology, viz: the paucity of diagnostic resources—"sur-pubal palpations and vaginal examinations," and the very imperfect detail of symptoms. This latter fact is accounted for by the very remarkable ignorance of those gynecologists, who failed to recognise the frequent connection between frightful menorrhagias and metrorrhagias, and uterine polypi. Hear Colombat on this point: "In this early stage (while the polypus is included in the uterine cavity) the health of the patient is but little disturbed; yet they mostly complain of pain in the groins, back and thighs, are subject to leucorrhœal discharges, and their menses, which are irregular and more prolonged, also return with shorter intervals." In this view Levret coincided. In striking contrast, as will be seen, to the present improved treatment of these cases, Colombat continues: "To conclude, let us add that both operations (removal by ligature and incision) are to be regarded as inadmissible, where the tumor is wholly inclosed within the cavity of the womb, where we are assured it is not single, and where we have ascertained that there are other tumors in the organ, yet not within reach of chirurgical means of assistance."

And in most mortifying accordance with these ignorant, and often fatal views of Colombat and others, we find our own great and good, world-renowned, Dr. Meigs, so late as 1848, publishing that "it would be folly to attempt the removal of a polypus still retained in utero," and in proof or justification of these views, so generally held during the first half of the present century, after quoting Dr. Lee, *On Tumors of the Uterus*, who says, "supposing it (the polypus) to be placed within the cavity of the uterus, and the os uteri closed, it would be folly to attempt its removal; we must suppress the bleeding by plugging the vagina, rest, an elevated position of the pelvis, and local cold, with some refrigerant drink," recites the case of an unfortunate lady who was for ten years under his treatment. During all this time she suffered with severe pelvic and hypogastric pains, and frequently recurring uterine hæmorrhages of the most violent and alarming nature from which she was reduced to the last extremity. She was then feeble, pale and rachitic. He was called in the course of consecutive years, many times to see this patient, on account of the frightful hæmorrhage and pain with which she was attacked. He made repeated *explorations by the vaginal and rectal touch and hypogastric palpation* without being able to detect any certain physical signs of the malady—but rested his conviction, that a polypus remained concealed within the womb, upon the rational symptoms. At length, after the patient was broken down, exhausted from hæmorrhage and suffering—amidst the severest pelvic pain and a great flooding—a polypus was expelled into the vagina and removed by ligature—but too late: ten years of repeated hæmorrhages had depressed the vital spark too low to again rekindle. She died—the death of a christian, we are glad to learn from the doctor; but even this consolation would not, in these days of sponge tents, fully quiet the conscience of the physician who would thus let a patient die. Dr. Meigs also gives another case of a patient suffering from concealed uterine polypus, whom he retained many months, in Philadelphia, under treatment for frequently recurring hæmorrhages of the most alarming nature—bleeding her almost to death. She was frequently ergotized, with the vain hope that the polypus would be expelled into the

vagina. This not happening, she was sent home to die unrelieved, because her disease—occluded uterine polypus—was beyond the resources of surgery. What tyro would now justify himself for doing what this great light in gynecology was satisfied to do twenty years ago?

In contrast to this—not as the dawning of a surer knowledge, but as the full effulgence of noonday, and representing the now—we quote the following case from Dr. Simpson, of Edinburg, to whom we are indebted for so much of what is truly valuable in our diagnostic, pathological and therapeutical gynecology:

“The patient was 48, and unmarried. About fourteen years ago she was first seized, when in service, with a severe flooding; it returned at short intervals, and reduced her strength so much that she was obliged to leave her situation, and has never since been able to take another. The hæmorrhage has been almost constantly present for many years—always some slight red oozing; and fluid blood and clots escaping upon making any exertion; she has been treated by various medical gentlemen during this period—chiefly with iron, styptics and astringents. *A vaginal examination had never been made to ascertain the source of the hæmorrhage.* She was blanched, thin, and scarcely able to walk. On examination, per vaginam, the uterus felt enlarged,—more posteriorly, on its cervical region. *A sponge tent was introduced,* and on her returning two days afterwards, I found a polypus descending upon the distended os: in order to reach with the scissors the pedicle of this polypus, I required to make a slight incision into the thin lips of the os—by seizing the polypus with a vulsellum I was enabled to divide the pedicle, which was small—and with some difficulty removed it through the os uteri. No subsequent hæmorrhage; and a month afterwards health greatly improved.”

How great,—how happy the contrast!! Dr. Meigs' patient under the old regime was sent home to meditate upon her near approaching death from frightful hæmorrhage, the cause of which, though known, was deemed irremediable. Dr. Simpson's patient, more fortunate, was sent home to undergo a rapid and certain convalescence.

In 1857, guided by Dr. Simpson's means of diagnosis—sponge tents,—Dr. J. Marion Sims, of the Woman's Hospital, New York, detected, and removed, from the cavity of the corpus uteri, a small polypus not larger than a garden pea—which had eluded the research of sixty different physicians in Europe and this country; such complete knowledge and resources come fully up to the most advanced stand-points in the profession of medicine or surgery—indeed, leave nothing to be desired in a diagnostic point of view, and with the *écraseur* of Chassaignac, with Sims' or Tieman's *porte-chain*, together with Aveling's *polyptome*, Nélaton's forceps, &c., our surgical resources are equal to all cases admitting removal.

Again, in order to show the present advanced stand-point of gynecology, we might refer to the diagnosis and treatment of inversion of the uterus—which condition only a few years ago frequently could not be differentiated from polypus, and when determined could only be treated by extirpation, the frightful horrors of which stood in ghastly files—the shrouded dead—that bedecked the surgeon's path to glory. But thanks to the genius of Drs. Tyler Smith and White, illumined by that of Sims, the interesting victims of this once horrid malady, and yet more horrid operation, are now restored to society and the marriage bed, with the possibility of again becoming mothers. Again, how wonderful the contrast! Heretofore, if the woman was cured, it was only by a frightful mutilation, often deemed more unfortunate than death itself; now she is made every whit whole—an endearing wife, a loving mother—living to bless, through new-born maternal joys the genius of the age.

Twenty years ago, fistulæ of the female genital organs stood the *opprobrium chirurgicæ*, and the miserable victim of vesico-vaginal or recto-vaginal fistulæ was doomed to solitude—loathsome to herself and friends; life was a burden without hope, except in the casting off thereof. In 1839, Velpeau pronounced this malady incurable, and all operations unjustifiable, inasmuch as they only subjected the unfortunate woman to torture without promise of success; and Vidal expressed, in 1850, a doubt whether surgical means had ever cured a case of vesico-vaginal fistula;

—and as late as 1856 Scanzoni, expressing the opinion of Europe, gives to the unfortunate sufferer but little hope—declaring that the disease very rarely gets well spontaneously, and even with the assistance of art very often remains uncured. In 1856, Dr. Mott stated that he was present in Europe when eight cases were operated upon—seven by Jobert and one by Roux—all of them failures.

Such, then, were the cheerless prospects surgery held out to unfortunate woman afflicted with this loathsome malady, in Europe, in 1856. In America, in 1860, thanks to the genius of J. Marion Sims, all is changed, and this is declared to be the most curable of maladies. Of 261 cases treated by Sims' method, 216 were permanently cured, 36 were curable and only 9 found to be incurable, and even this small proportion of unsuccessful cases has been greatly reduced since 1860, insomuch, that we may now safely repeat Sims' declaration in 1860, "*that every case is curable when the operation is practicable—provided there is no constitutional vice*"; and while as a physician, we feel proud of this triumph of our art, and as a man, rejoice at this great boon extended to suffering humanity, as an American we feel proud of it as an American triumph, and upon this operation alone for vesico-vaginal and recto-vaginal fistulæ, has Dr. Sims an abundant passport to immortality; and yet with all this, there was *nothing new* in his operations, as all three of the elements deemed necessary for success had been practiced by others.

These elements were, 1st: "A means for exposing the fistula to view, and ready manipulation;" 2d: A "suture that would keep the parts in apposition without itself producing inflammation," and 3d: A sure means to keep the urine from accumulating in the bladder. And so early as 1834, Gosset, of London, used all of them, viz: A levator perinei speculum, metallic sutures, and catheter kept in the bladder; and in 1847, Mettauer, of Virginia, used lead sutures and the catheter with much success; and yet, Sims was most likely, but little, if at all, indebted to any of them, as his improved plan was attained—worked out and proven by experiment and laborious research. But the glory of Sims is, that whether he borrowed or invented this method, he

saw, what others had not, its necessity ; its inestimable value to suffering woman—and thousands shall bless the means of their cure, who may never hear the name of Sims.

With almost equal pride as an American, and with equal profit in illustration of the triumphs of modern gynecology, we may refer to the diagnosis and surgical treatment of ovarian tumors ; formerly, in this formidable malady—while medicine, as now, was impotent—surgery offered no better resource than tapping, which often expedited the fatal result, and was seldom curative.

In 1803, Dr. E. McDowell, of Ky., “an audacious American,” as he was styled by an eminent French surgeon, performed the first case of ovariectomy, and, notwithstanding the favorable result in this and subsequent cases, the operation was generally condemned in Europe ; and in Germany, so late as 1856, Scanzoni writes “we consider ovariectomy a surgical temerity,” and yet it is now an established surgical resource, saving scores of valuable lives that must otherwise be sacrificed. And so great have been the advancements—the improvements in this operation that now it is scarcely more fatal than many other recognized operations. Mr. Clay, of Manchester, in his last 20 cases lost only one in four. In Dr. Atlees’ cases, of Philadelphia, 70 per cent recovered, and Dr. Keith in his last 20 cases lost only one in six and two-thirds cases. During the last few weeks we have witnessed two successful cases of ovariectomy, one by Dr. Gregory, the other by Dr. Hodgen of this city.

But, like most advancements in medicine, we are indebted for the great advancement in gynecology, to improved methods of diagnosis. The speculum, the uterine sound and sponge tent are the most important of these, and in skilful and experienced hands, are fully adequate to the advanced wants of the science.

The speculum vaginae, used by the ancients, by whom it was well known, however crude and comparatively useless, formed, from B. C. 400 to 640 A. D., it was thought, a valuable diagnostic, or rather therapeutical, instrument—when, with the declining knowledge of the Christians, it passed to the Arabs, and its use, forbidden by the customs of the harem, was soon

forgotten amidst Moslem superstitions, and was again revived or re-discovered by the "Father of Modern Gynecology"—Recamier—in 1801, and by him introduced as late as 1821, since which time it has—withstanding great opposition—constantly won favor with the physicians in all parts of Europe and America, until it is now justly regarded as one of the most valuable diagnostic aids. It has received various modifications by Dupuytren, Fergusson, Coxeter, Cusco, Tieman, with, perhaps, its most valuable modification by Dr. J. Marion Sims, whose genius conceived and whose surgical skill utilized the univalve or duck bill speculum, which, with the specialists, will doubtless supersede all other instruments; yet, for obvious reasons, with the general practitioner, the cylindrical, bivalve and quadrivalve speculums will hold their place.

One of the inconveniences attending Sims' speculum is, that it requires a third person to hold it. This, Sims thought an advantage; others have not found it so, and various modifications to make it self-sustaining, have been produced. Of these, we have seen the modification by Emmet, of the Woman's Hospital, New York; one by Dr. M. A. Pallen, of this city, and one by Dr. Geo. Syng Bryant, now of Lexington Ky.,—and we have no hesitancy in pronouncing Dr. Bryant's modification the best that has yet been produced—indeed, it is all that can be desired, as it is easily adjusted, fully exposes the vaginal walls, os, and cervix uteri, and is alike adapted to all, whether small and lean or large and fat, which requires a mechanical combination not, perhaps, attained in any other self-retaining speculum.

The uterine sound is to the modern gynecologist what the forceps are to the obstetrician; and as the obstetrician, where he cannot place his hands, introduces long metallic fingers, which occupying no room seize the foetal head with great advantage, so the gynecologist passing the sound beyond the point where digital manipulation ceases, acquaints himself with the state of parts beyond—lighting up the *ultima thule*, where all before was vague conjecture. This valuable instrument, also, like the speculum, was not unknown to the ancients, who make frequent mention of it, but its use was confined by them, Dr. Simpson thinks, to dilating

the cervical cavity, and not for explorations of the cavity of the corpus uteri. Like the speculum vaginæ, it also was forgotten during the long night of ignorance and faith, and was again restored by a French surgeon, M. Lair, in 1828, who published an account of his sound and its uses, with direction how to manipulate it. But M. Lair failed to arrest the attention of the profession, and his sound and his publication were alike forgotten, when about the same time Dr. Simpson, of Edinburgh, and Kiewisch, of Germany, introduced the uterine sound into practice. Scanzoni claims for Kiewisch the credit of the discovery or reclamation of the sound. We, with Dr. Gardner, had thought this credit was due the great Scotchman; but, be this as it may, it is to Dr. Simpson we are really indebted for its use, as he it was who popularized it, and by utilizing it in the diagnosis and treatment of certain uterine abnormalities, may be said to have really originated it, and this as late as 1844, since which time it has undergone various modifications of more or less importance. But the sound given us by Simpson answers every purpose as a *sound* in ordinary cases, and really forms—the opinion of Scanzoni to the contrary, notwithstanding—an invaluable and indispensable diagnostic aid; and also—the opinion of Sims to the contrary, not being deemed law—we venture to assert, that it may be safely used as a remedial agent. To suppose, as Dr. Sims does, that in replacing a retroverted uterus with Simpson's sound, we must necessarily rest the weight of the uterus against or upon the point of the sound impinging against the fundus, is to form a very imperfect idea of its use. If in this operation, the sound be held firmly, and the point of the finger be held against the os or cervix as a *point d'appui*, the uterus revolves upon the finger as a fulcrum, and is restored to its position—*cito, tuto et jucunde*.

First: In the language of its author: "The sound increases to a great degree our power of making a perfect and precise tactile examination of the fundus, corpus and cervix of the uterus."

Second: "The previous introduction of the sound facilitates and simplifies the subsequent visual examination of the cervix uteri with the speculum."

Third: "By the use of the uterine sound we may in many

instances of pelvic and hypogastric or abdominal tumors, ascertain the connection or non-connection of these tumors with the uterus."

It also enables us to determine the depth, whether too great or too little, of the uterine cavity, as in subinvolution and hyperinvolution; also its deviation, whereby it is seen whether it is retroverted or retroflexed, or antiverted or antiflexed, or whether either of these conditions are present, in cases where the uterus is *in situ*, and whether the supposed uterine tumor is dependent upon other pathological conditions. It also determines much of the various diseased states of the uterine canal and *paries*, indicating in many instances, with great clearness, whether the uterine tumor be sub-mucous, intro-mural or sub-peritoneal, and this, with the bimanual palpation—conjoined manipulation—often enables us to determine the exact position, size and nature of uterine or other pelvic tumors, and other pathological states with almost as much certainty as would a *post mortem*—with this advantage in favor of our interesting patient that our scientific prescience may prevent the *post-mortem* demonstration,—an end always devoutly to be wished for.

The sponge tent, another invaluable diagnostic aid for which we are also indebted to the inventive genius and practical good sense of Sir J. Y. Simpson, variously shaped and prepared, (never forgetting in its preparation to deprive the sponge, as far as possible, of foreign and noxious matters by thoroughly cleansing and boiling in a weak sol. sodæ carb.,) constitutes, with the speculum and uterine sound, the diagnostic tripod, through and by means of which modern gynecology has attained its present proud eminence among the departments of medical science.

But if by the use of these, science has been enabled to confer upon suffering woman a great boon, in the hands of pretenders, mountebanks and charlatans they have been, we fear, even a greater curse.

By means of sponge tents we are enabled often to detect the source of metrorrhagias and menorrhagias which would otherwise elude our most careful investigation; and not only are we thus enabled to discover the cause, but, as in the case of fungoid gran-

ulations, whether occupying the cavity of the cervix or corpus uteri, we are enabled to apply our remedies understandingly if not always successfully.

But notwithstanding this flood-tide of light that everywhere pours in upon our diagnostic, therapeutic and pathological pathway, and though we are now no longer compelled to grope our way in the dark in the treatment of uterine diseases, yet it is a lamentable fact that humanity derives not the unmixed aid from these improvements it is entitled to expect. Seizing upon the *possibility* of applying remedies directly to the uterine cavity for the *indication* to do so, adventurers, forgetting that the reproductive organs are but a part of the female economy, and the uterus but a part, indeed but a secondary part of these, have attacked this member with a vehemence and perseverance under which the constitution of the woman has not unfrequently succumbed; the womb is preserved, but the woman lost. Indeed, the persistence and violence of these attacks upon this, not always offending organ, are often such as to force a regret that woman has a uterus at all; and such is the systematic manner with which the "duck bill" now hunts down, lays hold of and hangs on to uterine maladies, that it were well for women who are possessed of this unfortunate and much coveted appendage to keep shy.

But these *uterine abnormalities*, and this *furor uterini* upon the part of the male sex, are but the abuses of a noble knowledge, destined to confer upon woman a lasting and unalloyed good; and towards this goal are the great body of gynecologists tending, unstayed by the selfishness of the few, the pretensions of charlatans, or the taunts of the ignorant.

As Simpson popularized the sound and sponge tents, so did his great cotemporary, Henry Bennett, the speculum, as it is more indebted to his writings for its introduction into general practice than to all others. To estimate its great value in a diagnostic point of view, it is only necessary to know that before its introduction, scirrhus of the uterus was thought to be a very common disease, and hundreds of suffering females were placed beyond the pale of hope, or subjected to a most perturbing treatment, under the belief that their malady was cancer, now known to be

a very rare disease; and when unfortunately present, through and by means of the speculum, its differential diagnosis is so well defined, as to leave scarcely the possibility of mistake. By this enlightened advancement, we are now enabled to place a large number of diseases—once believed to be cancer, and consequently incurable—among the readily curable uterine maladies.

But it would be forming but a very imperfect estimate of the value of the speculum vaginæ, to limit its uses to diagnosis. A great, perhaps the greatest value of this instrument is, that while by means of it we are instructed as to the nature of the malady, we are at the same time enabled to apply the remedies, and observe their effects, thus bringing a large class of otherwise occult diseases as clearly under the observation of the senses as those of the skin or eye.

Dr. Bennet's great work, "On the Uterus" more, perhaps, than all other writings, gave a new and lasting, and truth-engendering impetus to gynecology. Nor is it a matter of surprise that his work should have exerted so great an influence, as the time of its appearance was fortunate, his theories bold, plausible and eloquently stated; and his treatment was prompt, direct and efficient; cures followed the magical touch of his pencil of lunar caustic, with marvelous rapidity and certainty. Like atoms to a common centre, uterine abnormalities resolved themselves into inflammations, and ulcerations of the os and cervix uteri. The demonstration was ocular, and if any one doubted, it was only necessary for him to look through the magical cylindrical speculum to be convinced. Is it strange that many believed?

But though Dr. Bennett's views were too exclusive, they contained much truth, and the amount of error to which he gave expression, has been more than compensated for, by the truth elicited in the searching investigations, to which his theories gave rise; and while he overstated their frequency and importance in uterine pathology, he nevertheless established the fact that inflammation and ulceration of the os and cervix uteri, were of much greater frequency than had been supposed—were, indeed, by far the most frequent diseases of these parts, as since then fibroid growths have been found to be the most frequent of organic affections of the corpus and fundus uteri.

But here again the influence exerted by Dr. Bennett's book was not altogether good. Reading and but half understanding his principles, selfish charlatans and ignorant pretenders, *armed* with the speculum and nitrate of silver, rushed forth, like valorous knights of old, to do battle for woman, and woe to the unfortunate female whose vagina was accessible to a speculum;—all such were found to have ulceration of the os and cervix, and were without mercy subjected to a hebdomidal or even daily cauterization that taxed their powers of endurance and depleted their purses. The joke was a practical one at the expense of the patient—the quack did well.

In Egypt, owing to local influences, the labia minora—the nymphæ—of females, become greatly hypertrophied, rendering their removal desirable—necessitating female circumcision. Passing along the streets of Cairo, may be seen circumcising quacks crying: “What woman wants to be cut.” Now I have known at least one pretender in this State, who armed with a speculum vaginae, and nitrate of silver, was but little less unblushing than these Egyptian circumcisers,—and for a season he did well.

It was truly interesting (?) to learn how many apparently robust women had ulceration of the os, or endometritis. Did husbands or family physicians doubt, they were at once silenced by ocular demonstration, as the speculum in all cases exhibited the infallible proof of such condition, in the ever present plug of tenacious mucus, closing up the cervical canal;—and who so likely to cure as he who *discovered* the malady? As stated, he flourished for a season; but soon, however, “fell into dishonor, and left in fear.”

But, with the better understanding of these views and principles of Bennett, by the profession at large, these excesses passed away, and, if there are yet a few conscientious physicians, who allured by principles they do not understand, apply lunar caustic to the os and cervix uteri for some undefined or supposed pathological state of these parts, without understanding how such actual or supposed states are to be benefited thereby, let us take courage from the assurance that the number of such is daily diminishing.

But, perhaps, the most important, the best, the most useful and at the same time the most hurtful gynecological contribution that has yet issued from the press of any country, is the monograph on "Uterine Surgery" by our distinguished countryman, J. Marion Sims, late Surgeon to the Woman's hospital, New York.

This work, an imperfect monograph on uterine surgery, has, upon its almost every page, the stamp of true genius, and, whether giving his discoveries, or his modifications of others; whether giving the diagnosis or pathology, or detailing the cure; and in describing his operations, whether old ones, with every detail of which we are familiar, or innovations of his own, we are alike and everywhere impressed with his greatness, his simplicity and his truthfulness. There is something exceedingly captivating in the manner in which he approaches, handles, diagnosticates, determines and treats a case. The whole process from inception to completion, is a livid, brilliant, lurid panorama, almost too vivid for sober contemplation. He will form a school, indeed has already done so, and there are perhaps even now more Simites in this country, than there ever were disciples of Bennett, and more ardent worshippers of the "duck bill" than ever bowed to the less euphaneous, less imposing bivalve or cylindrical speculum, and more and mightier glories are thought by such to cluster around "the left lateral semi-prone position" and "the bi-lateral operation" than ever illumined the position of the French accouchee and McIntosh's dilators, or Bennett's caustic; and as a reflector of this light, believe it not that St. Louis is the least of these centres. We have no means of estimating the multitudes that have been blessed by this new light, but we have heard of at least one peaceful, quiet home in Central Missouri, where its illuring glimmerings aroused the occupant, who hastened to the fountain, was bi-lateralized, and her corpse kindly and promptly returned to her friends. And yet, it is a "harmless operation"—indeed, the very beauty of the "bi-lateral" is, that it is as innocent as universal in its application—a mere sport, in which women should be indulged, when we don't know anything else to do.—A succedaneum!! And yet, in all this, as before

stated, there is but little new, except the supposed innocuousness and universal necessity for this *ultra* uterine surgery.

Sir J. Y. Simpson has taught and practiced, for twenty years, the bi-lateral operation for enlarging the os and cervical canal. Simpson uses a metrotome caché, and cuts from within outwards; Sims uses scissors and a razor-shaped blade, and cuts from without inwards. These two methods do, perhaps, equally as well, and either amounts, most frequently, to but scarification. That is the good they do. There being no obstruction, is it not, necessarily, often confined to this?

And yet, so potent is a name, that we are expected to believe that obstinate cases of uterine disorder, that had long and obstinately withstood free scarifications, have been unable to hold out against a single "bi-lateral," when so called.

As before stated, Sims' work is an incomplete monograph, in which he gives the surgical treatment of certain cases—selected cases to make or support an argument—cases in which he resorted to mechanical means for rectification and support, or where the maladies demanded the knife or cautery. It is not to be supposed that all of his cases were such, or that while partial to local treatment and the knife, he ignored the constitution and the *materia medica*; and yet there is danger of his being so understood, and we fear has been so understood in this city.

The bi-lateral operation for obstructive dysmonorrhœa, as taught and practiced by Simpson for the last twenty years, and as now taught and practiced by Dr. Sims, we have long accepted as a valuable surgical resource in these cases, but when asked to believe that all uterine abnormalities and menstrual disorders, are to be relieved by it, we must dissent. Nor should we withhold this or any other remedy in appropriate cases, because of the *possibility* of being followed by unpleasant consequences, but when told that it might or should be resorted to in all cases, as a something to satisfy the patient, or for the convenience of the physician, we must confess that we cannot but prefer a placebo less bloody; and we are glad to see that approved authors, such as Dr. Graily Hewitt, and Prof. Thomas, are not at all disposed to approve of this constant resort to the slitting up of the womb, or to encour-

age the exclusive reliance on local treatment; and we consider this the more significant as they are both of the new school. Prof. Thomas, who is consulting physician to the New York Woman's Hospital, and perfectly familiar with Sims' practice and successes, as continued by his illustrious successor, Dr. Emmet and who has just published one of our most valuable works upon "Diseases of Women," leaves Sims, as a bold gynecologist, still to occupy the outpost of legitimate operative uterine surgery. And Dr. Hewitt, who is a bold and successful operator, and one of the ablest of gynecologists, in the last edition of his valuable work, admixes a wholesome quantity of constitutional with his local treatment; and that gynecologist who does not do so, will have but little to boast through his success, of his ignoring the teachings of the great, the wise and the good in all ages.

While combatting this tendency to exclusively local treatment, we are not, however, without excuse for it. It is, with advancing knowledge, a most natural reaction against the futile, and ignorant reliance of our fathers on exclusive constitutional treatment in these disorders. Of the two, it were better to rely on the local treatment; and yet a wise man would not do so.

Viewed in its true light, as a monograph upon the surgical treatment of certain uterine abnormalities, Sims' is a great and very useful work; but were it considered as a treatise upon the diseases of females, as it doubtless has been by some enthusiastic admirers, it needs must be condemned as a failure.

To Dr. Sims, as a physician we feel greatly indebted; as a lover of humanity, we feel thankful; of him as an American, we feel proud. The bright coruscations of his genius have illumined both hemispheres, and in the "old world,"—even in the ancient seats of learning—London and Paris, have startled savants from their self-satisfied slumbers, as turning Westward they beheld a new star, unannounced by sages, whose healing virtues had visited the couch of the lovely Empress of the French, and in France, England and Germany had carried into the palaces of their great, new-born maternal joys where all before was sterile. Let us then give to J. Marion Sims and his noble compeers all honor, with grateful acknowledgements to the "gentlemen of the Old School,"

to whom all are so much indebted;—and pure and wise may be the laborers in a field that promises to lovely afflicted woman everywhere, such lasting good.

NOTE.—The paragraphs relating to the successful cases of ovariectomy and the unsuccessful case of bi-lateral, were added to the paper as read before the Association.

M.

A CASE OF TRAUMATIC TETANUS.

Reported by PERCY L. ROONEY, M. D., St. Louis, Mo.

On Monday, March 1, 1868, Mr. B., aged 37, had his right hand crushed between two heavy pieces of timber, producing a compound comminuted fracture of the first phalanx of the index finger, and a severe contused and lacerated wound of the thumb. It being late in the evening, temporary dressings were applied, a spirituous lotion ordered, and the patient directed to call on the following morning.

Early the next morning the distal phalanx of the finger was found black and cold, and showing signs of gangrene. Upon careful examination, the bone was found ground to fragments and the tissues almost to a pulp. Amputation was at once considered necessary, and two medical gentlemen present concurred in the opinion. The finger was disarticulated at the metacarpal joint, and the flaps secured in the usual manner.

Water-dressings of medium temperature were applied for the first two days, and the third day changed to warm water dressings.

The sutures were removed on the third day, and supporting strips of isinglass plaster so applied as not to disturb the wound more than necessary. The wound was doing well. The patient was apparently in perfect physical health—never having been sick, as he stated, in his life—and of correct habits, never having used tobacco or stimulants in any shape. He ate well, slept well, and his secretions were regular. He walked about with his arm and hand in a sling, and visited my office twice a day, “calling in,” as he said, “to pass away the time.”

Six days after the disarticulation, the wound was dressed for the

second time and found doing well. On the evening of the same day (Sunday), he felt a slight stiffness about his jaws. At about one o'clock in the night he noticed that his jaws were stiff—that he could not open his mouth, and in the morning sent for me; but before I got to the house Dr. Gibson had seen him and prescribed a solution of morphia with compound spirits of lavender, and with proper professional courtesy, had left a copy of the prescription in the room. Upon my arrival, I found my patient laboring under trismus. I immediately removed all dressings from the wound and ordered warm water applications. The wound looked well, and was covered with healthy granulations; but the hand was slightly swollen. I continued the treatment ordered by Dr. Gibson, which he said was soothing him, and promised to call again in the afternoon.

Continued treatment in the afternoon with but little alteration, and directed liquid nourishment.

In the evening I found the patient had slept some, and seemed somewhat better, but had refused all nourishment. Continued medicines, with directions if tetanic spasms should supervene to apply ice to the spine.

7th. 9 A. M. Patient evidently worse. Spasms had come on in the night, and ice had been applied to spine as directed, and the medicine continued. He now complained of great stiffness of the neck and jaws, and pains across the epigastrium, and of a "tight pain," as he called it, passing up from the scrobiculus cordis to the right ascending ramus of jaw; he has slight opisthotonos; his tongue is moist and clean; pulse 84; skin moist; no action of bowels since yesterday, but passes his urine well, which is highly colored; teeth can only be separated half an inch. I ordered acid hydrocyan., eight drops, tinct. cinchona comp., one ounce, tinct. opii, half an ounce; a teaspoonful every hour.

1 o'clock, P. M. Patient thinks himself better; but evidently is not; has not slept; tetanic spasms well marked, and increasing in force and frequency; pulse 96; tongue slightly covered with a white fur; edges and tip slightly red; skin warm and perspiring; articulation distinct; abdomen somewhat swollen and tympanitic; wound looking well; swelling of hand going down. Or-

dered cataplasm of bread and warm water to hand; has taken no nourishment since Saturday evening, and refuses to take any; will only swallow water in small quantities, and deglutition is now performed with some difficulty; passes flatus at every tetanic spasm. Ordered enema of lac assafoetida, \mathfrak{z} iv; tinct. moschi and tinct. castor, aa. \mathfrak{z} iss., and tinct. opii, \mathfrak{z} ii, one-third to be used every hour and a half.

Two o'clock, P.M. Spasms still increasing in force and frequency, recurring every three to five minutes; opisthotonos well marked. Concluded to try the application of chloroform to the spine, as recommended by Dr. Whitehill. At half past two P.M., after having explained to the patient the nature of the application, and that it would be temporarily severe, I applied strips of linen saturated with chloroform, from the fourth cervical to the last dorsal vertebræ, covering immediately with oiled silk to prevent evaporation. From the time of the application till three o'clock, P.M., the spasms ceased and the patient dozed.

At half past three, P.M., the spasms recurred, and I again applied the chloroform with the same result as at first; he said it did him good, and I hoped for good results.

Five, P.M.; has slept for an hour and a half, when spasms again returned with increasing force and frequency, recurring now every two or three minutes. Tongue still moist and covered with whitish fur; edges and tip, reddish; abdomen more swollen, and tympanitic; has passed his urine twice; pulse 110 to 112, and soft; skin warm, and perspiring profusely; respiration hurried, 25 per minute; still taking sips of water and veal broth, but takes but a few drops, and with extreme reluctance; deglutition more difficult; can now open his mouth but about a quarter of an inch; opisthotonos well marked; touching produces immediate recurrence of the spasms; repeat chloroform and continue medicine.

Half past six, P.M.; has been dozing and quiet, but every little noise brings on a spasm. Immediately after waking, the spasms increased in force, frequency and duration; evidently worse; pulse 118 to 120; sweating profusely; deglutition quite difficult; articulation indistinct; spasms recurring every minute

or minute and a half when chloroform is not applied; respiration 27 to 28 per minute; head thrown back and sideways, forming an arch; bowels not opened; takes nothing but water; refuses to take any more broth. Ordered the chloroform to be applied as often as spasms recurred; evidently cannot live many hours. Chloroform was steadily applied until about midnight, when he expired.

In this case the chloroform was fairly and thoroughly tried, and though it gave the patient relief for the time, the spasms seemed to increase every time the effects wore off, both in strength and frequency. Perhaps, had it been applied the day before, it would have produced a different result; but not having seen it used, or knowing about its action, I did not feel justified then in using it. I shall, however, in any other case it may be my misfortune to treat, use it early in the case, and if the patient refuses nourishment, I shall convey it to the stomach through an œsophagal tube.

As suggested to me by an eminent practitioner of this city, I would have tried the tincture of the Calabar bean, as it is praised by English journals, but could not obtain it.

From my experience in the foregoing case, I can only offer the opinion, as to the chloroform treatment to the spine, that as a palliative of spasmodic action it certainly is of use; yet while it controlled the spasmodic action, and retarded its exhaustive tendency, it did not at all lessen the succeeding spasms, but on the contrary they constantly increased in strength and frequency.

[The foregoing case, although of fatal termination, is, so far as the treatment is concerned, not without interest.

It will be observed that when the spasms were "recurring every three to five minutes," the first application of the chloroform arrested them for an hour, half of which time the patient dozed. The second application secured sleep for an hour and a half. The advantage of the local application of the chloroform—of the local anæsthesia thus produced—is, that it acts directly upon the diastaltic or excito-motor nervous system, and may be sufficiently sustained to control all reflex action, without interfering with or impairing functional or organic life. As suggested, the result

might have been different in this case, had it been earlier applied, but in our opinion the error was in allowing the spasms to return—in not sustaining the anæsthesia—for certainly when the application was so prompt in arresting the spasms, its renewal and continuance would have prevented their return, and that, as already stated, without impairing or interfering with the functions of organic life. It is in this, really, that the advantage of the local use of the anæsthetic consists. The inhalation of the chloroform (general anæsthesia) will arrest the paroxysms, but cannot be sufficiently sustained to prevent their return, nor is general anæsthesia desirable where only part of the nervous system is involved.

We have recently had two cases of violent convulsions—one epileptiform and the other hysterical—both of which could be relieved by the administration of chloroform by inhalation, but immediately recurred upon its influence subsiding. In both cases, the paroxysms were promptly arrested and controlled by the application to the spine, and both made a speedy recovery under subsequent constitutional treatment.

The prompt and efficient action of this form of anæsthesia, the possibility of its prolonged continuance when desired, and comparative, if not entire freedom from danger, and non-interference with other medication, when necessary, should, we think, commend it to the favorable consideration of, and trial by the profession in all suitable cases.—ED.]

REMARKS ON AN OPERATION FOR SINGLE HARE-LIP.

By A. HAMMER, M. D., Prof. of Surgery, Ophthalmology and Pathological Anatomy, in the Humboldt Medical College of St. Louis.

Dr. J. L. Prentiss, of Lawrence, Kansas, published in the May number of the Leavenworth Medical Herald (No. xii., vol. 1.), the details of an operation for single hare-lip, with fissure of the alveolar process, and hard and soft palate, “adopting a plan in some respects new” to him, and, as he hopes, “worthy of consideration.”

This, his "new plan," which was adopted after a first operation "according to the usual manner," had completely failed, was divided "into three sections" or rather consisted of "three operations," as follows:

First: Dissection of "the right cheek from the superior maxillary," and sliding the tissues toward the median line, and retaining them there "until the cheek adhered to the superior maxillary."

Second: Section through the prominent part of the left alveolar process, and bending it to the right to close the bony fissure and bring the septum into the mesian line.

And Third: Paring the edges of the fissure in the lip, and uniting them by wire sutures, after application of sustaining sutures at a distance from them.

Although the operation, as performed by Dr. Prentiss, may have been new to him, I am compelled to say, that it was by no means new, except in its division into "sections"—making "three operations,"—which is really an objectionable feature in it; and I cannot but think that upon calm reflection the doctor will agree with me, that it would have been much better to have performed the entire operation—to have done his three operations—at one session, as it was entirely practicable, and would have economized time and caused less suffering and inconvenience to the patient.

"Sliding the cheek," and even auxiliary sections through it, in order to gain tissue, and lessen tension, is an old and well established procedure; and so likewise, is the section and bending of the alveolar process. In the November number of THE HUMBOLDT MEDICAL ARCHIVES, I published my experience in regard to the *sustaining suture*, upon which Dr. Prentiss correctly lays greatest stress, and to the use of which he especially attributes the successful result of his operation. To the publication alluded to, in which I state that I had already used it for the last five years, I would respectfully refer the doctor for what is known in regard to the use of the sustaining suture in operations for hare-lip. He deviates, however, from my method, in that he uses adhesive strips, where I use wooden quills.

I do not make these remarks in a spirit of unkind criticism. I am glad that the Doctor reported his case, and really feel gratified that the great practical advantages and value of the sustaining suture, first introduced into practice, and recommended in this operation, by myself, are so fully appreciated and recognized.

Feeling assured that there can be no question as to priority in this matter, I do not deem it necessary to enter into any argument in regard to it, but content myself with reference to my published article on the subject.

A CASE OF ULCERATION OF THE EAR,

WITH CHRONIC INFLAMMATION OF THE AUDITORY CANAL, THE NASOPHARYNGEAL AND LARYNGEAL MUCOUS MEMBRANES, AND THICKENING OF THE VOCAL CHORDS.

A Paper read before the St. Louis Medical Society by T. F. RUMBOLD, M.D.,
St. Louis, Mo.

The following case is of interest, not only on account of what was accomplished, or of what we believe might have been effected could the treatment have been persisted in, but especially as demonstrating what could and ought to have been done in the early stage of the disease, for the prevention of so great a calamity as the loss of hearing. There can be no doubt in this case that by the timely employment of proper medical aid, both hearing and speech could have been restored, and this is no less true in the case of quite a number of mutes.

The history of the case is as follows:

On July 23, 1866, Miss L. F., æt. 22, consulted me for treatment. When seven years old she had had an attack of typhoid fever. On recovery it was observed that she was entirely deaf; the loudest thunder was only recognised by its effects in shaking the building. She continued, for several years, to speak as usual to those around her, being answered by signs. After it was concluded that her hearing was irreparably lost, she was sent to Fulton, in this State, and graduated at the Institution in that place, for the Education of the Deaf and Dumb. On her return home, she had to such an extent forgotten the language of ordi-

nary conversation, that she conversed with those around her entirely "on her fingers."

In the Spring of 1863 her hearing had recovered to such an extent that she could hear a large hand-bell, when rung near her head. It was this partial recovery of hearing and her ability to pronounce a number of words, that induced her friends to seek for her, professional assistance.

On examination, the view of the tympanum of the right ear was found obstructed by a quantity of thick muco-purulent secretion. Upon removal of this, by washing out, it was observed that the tympanum was absent, and that the mucous membrane of the middle ear was so much thickened as to completely fill up the canal. The muco-purulent secretion was also found in the left meatus, and in the tympanum there was a perforation about one line and a half in diameter, and the mucous membrane of the middle ear, was thickened to such extent as to protrude through the orifice in the tympanum. She expressed herself as feeling immediately relieved by the removal of the secretion and cleansing of the meatus, and thought she could recognize an improvement in her hearing.

By the use of the rhinoscope the mucous membrane of the entire naso-pharyngeal cavity was found much thickened, and the orifices of both eustachian tubes closed by inspissated secretions. The pharynx was granulated; the tonsils hypertrophied, and the larynx and vocal cords exhibited the appearance of long continued inflammation.

The treatment consisted in keeping both ears and naso-pharyngeal cavity clean, by the topical use, by means of a brush, of a solution of hypo-sulphite of soda, grs. x, to water, ℥j, and nebulization with the same solution.

The Thudichum nasal douche was frequently resorted to, but examination by the rhinal mirror, showed that *it did not remove the secretions in and around the mouths of the eustachian tubes.* By means of a curved instrument armed with a brush or sponge, most of these were removed, and the cleansing process completed by nebulization with the solution of hyposulphite of soda. A solution of iodine, gr. j; potass. iodide, ℥j, in glycerine, ℥j, was

then nebulized upon it a sufficient time to insure the entire surface being covered. This treatment was continued once each day, until August 6. After the subsidence of the momentary pain occasioned by the nebulization, the patient expressed herself as much relieved, the operation producing the pleasing sensation of increased openness or freeness of breathing through the nostrils. The improvement was marked; the secretions were neither so abundant nor puriform; the fetor, which had been extremely offensive in both ears and nostrils, was entirely relieved.

To the foregoing treatment was added the forcing of iodized air through the eustachian tubes, by using the eustachian catheter and Dr. Buttle's apparatus; and the application of localized electricity.

On August 20 the eustachian tubes were open so that she could force air through them. She could now hear the ticking of the watch when pressed close to the ear, and the crack of the teamsters' whips as she passed along the streets. About this time she caught a severe cold, from the effects of which her general health was considerably deranged, and when she returned, about a week subsequently, her hearing was not so good, but was restored after a few treatments.

Up to September 14 she had undergone twenty-three local treatments, and the hearing distance of the watch, with the left ear, when aided by the artificial tympanum, was four inches—quite sufficient to enable her to hear loud conversation, and to have conversed with her friends, had she understood the meaning of words from their sound, and known how to speak them. This important lesson she had again to learn, and it proved a much greater and longer task than either she or her friends had anticipated. To assist her in this, her friends were required to read aloud, sentences that she had written, which she in turn was required to repeat, carefully pronouncing each word. After thus pronouncing about one hundred words her voice would fail. Instead of pearly white—their normal condition—the color of the vocal cords was about the same as that of the surrounding mucous membrane, and in the act of phonation, they would assume a yellowish or pale red color, which was replaced by a bright red,

immediately on their being at rest. This red color was increased as vocalization was prolonged, and did not again disappear for several hours. For the relief of this a solution of tannin, gr. j, to glycerine ℥j, was nebulized over the glottis, before and after each reading.

On September 28 she had received in all thirty-one local treatments. She could now hear the ticking of the watch eleven inches from the left ear, with the assistance of the artificial tympanum, and about one inch without it. The rhinitis was cured; the eustachian tube was open; the excessive secretion from the middle ear was checked, and the mucous membrane reduced to nearly or quite its normal thickness. The voice was gradually and steadily improving under daily use, and all that now was necessary was the *re-acquirement of the use of language* to enable her again to enjoy its pleasures and blessings, when most unfortunately, unavoidable circumstances necessitated her leaving the city.

During the present month, (June 1868,) she has been heard from. The "lessons" in phonation were not continued after she left the city, and there has since been no appreciable improvement in vocalization. The artificial tympanum could not be kept in the ear on account of the irritation it produced, but her hearing remains about the same as when she ceased treatment. She attends church, hears and enjoys the music, and can understand the minister when she sits near him.

The very satisfactory progress made by this case during the comparatively short time it was under my observation and care, fully justifies, I think, the prediction that with six months more judicious treatment, and the systematic using of the vocal cords, she could have held ordinary conversation with those around her.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by S. C. BALDWIN, M. D., Recording Secretary.

TUMOR OF THE LIVER.

Dr. Spiegelhalter presented a liver, to which was attached a hydatid tumor of large size, measuring eight inches in its long diameter and five inches in its short, growing from the left lobe and having absorbed the greater portion of it. A slight puncture had been made into it from which a brownish turbid fluid had oozed.

Very little of the early history of the case was known. The specimen had been removed several weeks since from a woman forty years of age, who had died suddenly during the night, and on whom an inquest had been held. She had been found lying on the floor of her room, her face and hands bloody from a tegumental wound on the head; pupils dilated; hands clenched, and she had been vomiting and frothing at the mouth. The pericardium contained about two oz. of fluid. A clot was found in the left ventricle, and the right auricle was considerably enlarged. The brain was not examined, as the friends would not permit it. The patient had been subject to frequent epileptic attacks, during which she would be quite violent, and mental derangement would sometimes continue for several days subsequently. She had labored under one of these attacks about a week previous to her death, but apparently enjoyed her accustomed health the evening preceding her demise.

Prof. Maughs was of the opinion that the epilepsy had a peripheral cause: the irritation from the tumor extending to the

brain. Such tumors had sometimes been tapped and the cavity injected with tinct. iodine.

Prof. Kueckelhan related a case which came under his observation, of a man having a large hydatid connected with his liver. As he was stooping over the edge of the bed, the cyst ruptured and immediate death was the result.

By request of the Society Dr. Spiegelhalter agreed to make a further examination of the tumor and present his report at a subsequent meeting.

STONE IN THE BLADDER—LITHOTOMY.

Prof. Hammer exhibited a stone which he had removed by the uni-lateral operation, a week previous, from the bladder of a young man aged 20 years, at the City Hospital:

The calculus had much the appearance and size of an almond—an outside shell, with an inside kernel. A portion of the external layer, which was composed of triple phosphates, had been broken off during extraction, as it allowed the inner smooth surface to be seen. But little inconvenience had been caused the patient during the early stage of the formation of the calculus, from the fact of its being so smooth, but since the outer layer—the mulberry portion—had begun to form he had suffered very much. The young man had been sent to Dr. H. by a physician who pronounced the case one of prostatitis. It had also been diagnosed as chronic gonorrhœa, there being present a muco-purulent discharge from the urethra, which discharge Dr. H. attributed, on examination, to cystitis. For this latter trouble the patient was put under treatment, no abnormality of the prostate having been discovered.

From his appearance and conversation, it was evident that the young man was a constant masturbator, which habit at the time, Dr. H. believed to be the cause of the inflammation of the bladder.

No improvement followed the treatment for cystitis. After two weeks the bladder was subjected to an examination with the sound, whereupon the calculus was discovered, and the operation for its removal decided upon and performed. One week had now elapsed and the patient had been doing well up to three days

since, when being exposed to a draft of air from an open window, which had been raised for ventilation, the hospital being badly arranged for that purpose, he had been attacked with acute rheumatism of the elbow joint. There were several points worthy of notice connected with the case: The more ordinary symptoms of stone were wanting, so that suspicion of its presence had not been excited, and for the reason that the patient constantly assumed the recumbent position, the calculus did not cover the meatus urinarius internus, but remained in the most dependent part of the bladder.

As to the cause of the habit of masturbation, was it not due to the mechanical irritation of the stone on the mucous surface of the bladder, inducing thereby a nervous erethism in the glans penis allayed by manipulation, rather than to any mental disorder as a cause? Mechanical causes for this habit are not rare, and in such cases the cure is accomplished by removing the cause: but the cases induced by mental disease are not so easy of amelioration, as Dr. H. had found in his experience; the patient deceives his physician, and reports benefit from treatment, whereas the habit goes on.

Without doubt, the cystitis in the present instance was caused by the mechanical action of the rough mulberry calculus on the bladder.

ST. LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives, by G. HURT, M. D., Acting Secretary.

HYPERTROPHY OF TIBIA AND FIBULA FROM CHRONIC OSTITIS AND PERIOSTITIS.

Dr. Hammer presented a hypertrophied tibia and fibula, which he had recently removed from a young girl, about sixteen years of age, who had suffered from ostitis and periostitis for several years, and had been subjected to treatment by different practitioners, by one of whom part of the bone had been gouged out, but without benefit. When first seen by him, she was so exhaust-

ed by the continued irritation and suppuration that a course of tonics and nutrients were necessary before the operation could be performed.

He had amputated by the circular operation about five inches below the knee.

The hypertrophy of the bones was both external and internal, the shaft being considerably increased in diameter, and at the same time the medullary canal encroached upon. The patient's health was much improved since the operation and she was making a rapid convalescence.

RUPTURED UTERUS.

Dr. Prewitt exhibited an interesting specimen of ruptured uterus. The patient—with her ninth pregnancy—had had a tedious labor, and, he had learned, that previous to being seen by Dr. Grissom and himself, ergot had been administered. Upon examination he found the head of the child beyond his touch, and from the history of the case and the patient's symptoms, he was soon satisfied that he had a case of ruptured uterus to deal with. Without unnecessary delay, the patient was put under the influence of chloroform and delivery effected by version. He had found no difficulty in turning, nor in delivering the body, but was compelled to use the perforator and blunt hook to effect the delivery of the head. The patient survived the accident about five days. There was less evidence of shock than he had expected to find; and for a time she rallied to such extent as to inspire hopes of recovery, but peritonitis set in with a rapidly fatal termination.

Dr. Hammer remarked that the extravasation of "the waters" and hæmorrhage into the cavity of the abdomen was an unavoidable cause of peritonitis in such cases, and that the impossibility of entirely removing these through the rupture in the uterus, had led to the adoption of gastrotomy as a safer practice than turning and delivery per via naturalis, as by this means, the abdominal cavity could be thoroughly cleansed from all clots and foreign matters, and the danger of fatal peritonitis very materially lessened.

Dr. Prewitt admitted the force of Dr. Hammer's argument.

Gastrotomy had presented itself to his mind in this case, and had the rupture been through the body of the womb he would probably have resorted to it, but the rupture being partly through the neck of the womb and partly through the vagina, he had pursued the different course.

Dr. Wolfe thought that it was in cases of transverse rupture that gastrotomy was preferable; the case under consideration was one of longitudinal rupture.

Dr. Hammer could see no difference between longitudinal and transverse rupture provided the child had escaped into the abdomen. It was the escape of the child into the abdomen and the presence of foreign matters in the peritoneal cavity, that could not otherwise be removed, and not the character of the rupture, that necessitated the operation.

Dr. Johnston inquired whether all operations in such cases were not alike hopeless? whether the accident was not a necessarily fatal one, and therefore as well to leave the patient alone?

Dr. Maughs said that it was fortunate that the accident was one that did not often occur. It had been advised by Denman and others to leave all such cases to their fate, and in spite of this do-nothing plan some cases had recovered. It was doubtful, however, whether such cases of recovery, were not cases of extra-uterine foetation, with rupture of the foetal sac, rather than rupture of the uterus.

Many of the symptoms of these accidents were alarmingly alike, and with the inexperienced the two were liable to be confounded. There was usually but little hæmorrhage in cases of rupture of the uterus, owing to the fact that lacerated wounds seldom bleed, and also owing to the condition of shock.

He could not protest too strongly against the do-nothing treatment of such cases. If ever woman was entitled to our fullest sympathies, it was when in the discharge of the functions devolving upon her in procreating the race. Fortunately as he had said this accident was rare, but when it did occur it was unquestionable that under ordinary circumstances, and for the obvious reasons alluded to by Dr. Hammer, gastrotomy afforded the best chances of recovery. The case presented by Dr. Prewitt

was peculiar; this rupture was partly uterine and partly vaginal. He would have delivered as Dr. P. did, but would have resorted to drainage tubes through the recto-vaginal cul de sac.

For the special benefit of the younger members of the Society Dr. M. desired to call attention to the difficulty Dr. Prewitt had encountered in delivering the head, which was more liable to occur, when from rupture and other causes the delivery was necessarily effected by traction, unaided by the ordinary expulsive efforts of the mother. In this connection, he explained at length the mechanism of labor, and the dangers of meddlesome midwifery, and especially the evil effects of injudicious traction in feet or breech presentations, and was forcible in his illustration of the advantages, the disadvantages, and dangers of the different modes of traction. He cautioned especially against pulling at the feet, in a line horizontal with the body of the mother, the natural effect of which was to separate the chin from the chest of the child, thus converting the cervico-bregmatic into the occipito-mental—a natural and favorable into a preternatural and unfavorable presentation, to which perhaps more than all other causes was attributable the death of the child in these cases.

In all cases of this kind we should favor the rotation of the face into the hollow of the sacrum. The uterine contractions acting upon the head of the child, naturally fixes it in the most favorable position for entering the pelvic strait. The sweeps of the head through “carus’ curve,” may then be facilitated by carrying the body forwards and upwards, with the nates approaching the abdomen of the mother, and the delivery be thus effected with safety to both mother and child.

Dr. Wm. Johnston thought the views of Dr. Maughs were theoretical rather than practical. He himself had had but poor success in such cases, and thought that the child was seldom delivered alive, owing to the unavoidable pressure upon the cord. In cases of rupture of the womb he would hope for but little from surgical interference. He did not know of a single authenticated case of recovery.

Dr. Boisliniere approved the suggestion of Dr. Maughs in regard to the delivery of the head, in feet and breech presenta-

tions. The great danger was in making traction. The main object should be to facilitate the passage of the head through the pelvic strait, by rotating so as to secure the least resistance. When he first commenced practice he lost some cases; now he rarely lost any. A thorough comprehension of the "mechanism of labor" was necessary to terminate such labors successfully, and with safety to the child.

Dr. Hurt coincided with the views of Dr. Boisliniere.

Dr. Newman inquired whether there was not danger to be apprehended from access of air with the use of drainage tubes.

Dr. Whitehill said that he had noticed the record, in recent medical journals, of several cases of recovery after rupture of the uterus. The suggestion of Dr. Maughs to use drainage tubes through the recto-vaginal cul-de-sac, he thought a very rational one. The most recent and he believed the most approved method of disposing of the ligatures in cases of ovariectomy, was by carrying their ends into the vagina through the recto-vaginal septum, thus virtually establishing drainage in a manner similar to that recommended. In regard to the access of air, experience had taught that there was but little danger to be apprehended from it provided there was provision made for its escape. The openings should always be made, when practicable, at the most dependent portion of the cavity.

Dr. Wm. Johnston thought that sufficient distinction had not been made between feet and breech presentation, and that the difficulties of the former had been under-estimated. He contended that the mortality in these presentations was due to the arrest of the circulation from the unavoidable pressure upon the cord, and quoted from Churchill to show that the statistics of Cazeaux, and mortality as stated by Drs. Maughs and Boisliniere did not accord with the recorded experience of various eminent accoucheurs.

Dr. Thos. Scott had had two cases of feet and five of breech presentations, one of which was a case of twins, both presenting the breech, and both born dead. Of the other four cases he lost one; of the footlings both perished.

Dr. Newman had had but few cases of either feet or breech presentations, and they had all lived.

Dr. Hammer called attention to the manner in which Dr. Scott determined the presence of twins—by the presentation of a head and foot, or foot and hand—as being insufficient, as it was possible that the head, hand and foot of the same child, might all present at the same time. In regard to the matter of statistics, he reminded the Society that as in Germany a very large proportion of accouchments were attended to by midwives, male accoucheurs being only called on in difficult or extraordinary cases, the ratio of such cases seen by German physicians would be proportionally larger than that met with or seen by practitioners of other nationalities.

Dr. Boisliniere thought that the ratio of mortality in his practice, in such cases, had not exceeded one in five.

Dr. Maughs remarked that the statistics of Churchill, as quoted by Dr. Johnston, were fallacious in two respects. He had failed to recognize what he, Dr. M., thought was quite demonstrable, that in a large proportion of fatal cases of this character, death was not the result of the presentation, but the presentation was such, because the child was dead, and he could not but think that Dr. Johnston's unfortunate experience was due to his cases being of this class.

The other source of error in Churchill's statistics, was, that as they embraced all recorded or accessible cases from the earliest records of obstetrical practice, they unquestionably included many that were justly attributable to an ignorance of the mechanism of labor, or the result of meddlesome and improper interference, and that with judicious practice should not have perished. The truth was that this was really a natural presentation, and in a very large number of the cases, if the woman was let alone, she would deliver herself.

Cazeaux' statistics were drawn from more modern practice, and were fully confirmed by the experience of such men as Bedford, Hodge and Meigs. Indeed these last named scarcely ever lost a case unless there was some preternatural cause beyond the presentation. Dr. Meigs thought the average mortality from this cause throughout the world, did not exceed one in five. Dr. Hodge about the same; and Madame Boivin and Duvois that it

did not exceed one in ten, and our eminent Dr. Dewees thought scarcely any should perish merely on account of the presentation.

In conclusion, Dr. Maughs said that, as the subject was an important one, he had, in directing his remarks to the younger members of the profession, purposely put his points in strong language. He had said that to lose one half the cases was very bad practice, and he thought that a very mild form of expressing it, and still adhered to that position. *To lose more than that was criminal.* Of course he alluded to those cases that were alive when the physician was called.

ABSTRACT OF LECTURE ON THE CELLULAR THEORY.

BY DR. A. W. STEIN.

Dr. Stein began by referring to the immense strides made by medical science during the last half century, through the establishment of the cell theory, which has created the department of histology, given a new foundation for physiology, revolutionized pathology, and thrown a flood of light on therapeutics.

Although the study of minute anatomy has been carried on for several hundred years, the confusion which characterized early microscopic investigations, owing to the imperfect state of optical instruments, prevented the results from being of any great value to the profession. To Schleiden and Schwann is due the credit of having laid the foundation in 1837-8 upon which has been erected the cell theory of 1868. They were the first to establish the doctrine that all organized beings are developed from cells. The data furnished by Schleiden in 1837 with reference to the mode of development in vegetable cells, led to the correction of many erroneous views entertained at that time upon this subject. Although previous to this the resemblance between vegetable and animal tissue had vaguely been referred to, it was left for Schwann in 1838 to demonstrate in a systematic manner, the complete accordance between the cells of animal tissues and those of plants.

A cell is a body, varying greatly in shape and size, though usually of a round or oval form, consisting of a delicate, transparent membrane, the cell wall, and enclosing certain contents of a transparent finely granular appearance, called the nucleus or cystoblast; and, in the midst of this latter, a granular body, larger than the

rest, known as the nucleolus, though this in many young cells is not recognizable. Of the various theories of cell development which have been proposed, those of Schwann, Virchow and Beale, deserve especial prominence. Schwann announced in 1838 the theory of spontaneous generation, or the development of cells out of a formative fluid or blastema (cystoblastema of Schleiden.) He held that out of an amorphous granular fluid (blastema) a granule, the nucleolus, is precipitated, upon the surface of which a stratum of minute granules is deposited, and thus the nucleus is formed: by the accretion around this of new matter, which in due time becomes condensed into a membrane, a complete cell is produced. Virchow, in 1858, entirely refuted Schwann's blastema theory, and substituted the doctrine: "*Omnis cellula e cellula*;" his fundamental axiom being that "The cell is the ultimate morphological element in which there is any manifestation of life, and that we must not transfer the seat of real action to any point beyond the cell." He classifies tissues in three groups: 1st, cellular tissue, such as epidermis, membranes, etc., consisting exclusively of cells in immediate juxtaposition; 2d, connective tissue, comprising the areolar, adipose, white fibrous, yellow elastic, fibro-cartilage, cartilage, bone and dentine, and consisting of cells separated by intercellular substances derived from the cell contents, of varying chemical constitution, but having the common character of yielding gelatine when boiled; 3d, compound tissues, comprising the muscular and nervous vessels and blood. The phenomena of contractility, sensibility, and secretion, in muscles, nerves, and glands are essential attributes of the cell contents. That the nucleus is the centre of nutrition is evinced by the fact that cells which lose their nuclei, such as blood corpuscles or the superficial layer of cells of the epidermis, have a transitory existence. That it is, so to speak, the organ of reproduction, is shown by the manner in which cells multiply. The first indication of the transformation of the cell is that the nucleolus (if present) becomes constricted in the middle and divides into two nucleoli. This is followed by a like constriction and segmentation of the nucleus, and finally, the cell itself becomes constricted between the separated nuclei, and ultimately divides into two cells, appropriating half of the cell contents of each nucleus. A less frequent form of development, peculiar to cartilage, is the formation of secondary cells within existing cells (endogenous cell formation.) Cartilage cells are described as having, like vegetable cells, two membranes; a relatively thick external capsule, analogous to the cellulose covering of plants, and an internal delicate membrane, the primordial utricle. In this instance multiplication is effected in a

manner similar to that just described. Virchow affirms that every kind of new formation, pathological as well as physiological, has its origin in the proliferation of the cell; that the inherent activity of the cell is to a great extent independent of nervous or vascular influence. He opposes the doctrine that the origin of organic activity is in the nervous system, and adduces the fact that vegetable physiology is based upon the investigation of the activity of cells. The activity of cells is influenced by local excitation or irritation, denominated, according as it may excite one or the other action, functional, nutritive, and formative irritability.

That functional activity is independent of nervous influence is shown by the action of woorara, which destroys the irritability of nerves without affecting that of the muscles; by the contractility, mentioned by Virchow, of many small vessels, which, although abounding in muscular fibres, are destitute of nerves; and by experiments upon glands, in which, after section of all the nerves, increased secretion was provoked by injecting irritating substances into the blood. Nutritive Irritability, which is the power possessed by individual parts of taking up and transforming a certain quantity of matter under definite stimuli, is a purely physiological act when just sufficient to maintain the existence of the part; but when matter is taken up in excess, it becomes the seat of special formative changes, and belongs to the type denominated Formative Irritability. That this is independent of nervous or vascular influence, but rather due to the special action of the cells, is assumed from phenomena observed in parts destitute of both nerves and vessels. A thread drawn through a cartilage will cause enlargement, through increased absorption of material, in all the cells which lie close to it, while the more remote cells remain altogether unaffected. These facts render untenable the theory that the swelling and tumefaction of inflammation is due to increased afflux of blood to the part and an exudation therefrom. Virchow describes two forms of inflammation: the purely parenchymatous, (non-exudative,) and the secretory, (exudative.) In the parenchymatous form no free exudation ever exists, the cells themselves by increased absorption of the transuded fluid of the blood becoming larger, fuller, and filled with a quantity of matter. Secretory (or exudative) inflammation is peculiar to the superficial organs (serous and mucous membranes); but even here there is at no time a direct fibrinous exudation from the blood. Fibrin, like mucin, is a local product of the tissue in which it is found, and is simply brought to the surface by the transudation of fluid from the bloodvessels. Virchow reduces the specific elements of pathology into heterologous and homologous formations, and holds

that in pathological growths no structure of an absolutely new form obtains, but if examined at seasonable time, neither too soon nor too late, there will be found for it a physiological prototype in some part of the economy. The distinction between homologous and heterologous formations is that while the former, although new formed, still reproduces the type of its parent soil, as in fibrous tumor arising in a hypertrophied uterus; the latter, although its histological elements may also correspond to some definite normal tissue, is heterologous in deviating from the type of the part in which it arises, e.g. cartilaginous exostosis (enchondroma).

Dr. Lionel Beale ignores the cell as a true cell, and divides organic matter into germinal matter and formed material, the former being the living, active, formative element, the latter dead, passive, and formed of the germinal matter. Germinal matter, from whatever source obtained, is composed of a mass of compound particles of a granular appearance, among which may be discovered a nucleus and nucleolus, apparently of the same structure as that in which they lie. The apparent discrepancy between the statements of Virchow and Beale may be reconciled by studying the function of the several constituents of the cell and its development, as illustrated by the following table:

<i>Virchow.</i>	<i>Beale.</i>
Nucleolus,	Germinal matter,
Nucleus,	
Cell contents,	Formed material.
Cell walls.	
Inter-cellular substances.	

According to Beale, germinal matter is the seat of growth, nutrition, and multiplication in all elementary parts, the nucleus having the power of appropriating crude nutritive material and converting it into living matter like itself. Inasmuch as the nutritive material must reach the most central part (or nucleolus), it never exceeds one one-thousandth of an inch in diameter without subdividing into separate centres of growth. While the pabulum is constantly passing from the circumference to the centre, the elaborated germinal matter passes in the same ratio from the centre to the circumference, fulfilling in its transit the successive functions of nucleolus, nucleus, and cell contents. On reaching the circumference it becomes fixed and passive, forming Virchow's cell wall and intercellular substance. This process is said to be followed in glands during the function of secretion, the oldest particles of germ matter of each mass being transformed into the substance upon which depends the peculiar properties of a tissue, or the secretion of a gland. M. Ollier has shown that if the germinal matter of one tissue be transplanted into another, it will not

produce the tissue in which it is placed, but that from which it was taken. The relative proportion of germinal matter to formed material varies in the different elementary structures and especially at different stages of their development, being greater in young tissues and diminishing with age. As the epithelial cell of the epidermis approaches the surface, the nucleus or germinal matter gradually disappears, and the cell finally becomes a mere scale. This doctrine of "life from life" is now almost universally endorsed. Professor J. Hughes Bennet, however, still adheres to the molecular theory of organization, holding that all tissues are formed by the successive production of histogenetic, or formative, and histolytic, or disintegrative, molecules: "First molecular dispositions in organic fluids; these aggregate to form nuclei, cells, and other tissues; and these again, by constantly breaking down and re-forming, gradually elaborate and build up the higher organisms."

Dr. Stein concluded by urging the importance of histological investigations, and expressing his regret that the practical duties of the profession should absorb our energies at the expense of scientific research in America.

BIBLIOGRAPHICAL NOTICES.

* * The following works are for sale by KEITH & WOODS, and by the ST. LOUIS BOOK & NEWS Co.

ON DISEASES OF THE SKIN. A system of Cutaneous Medicine. By Erasmus Wilson, F.R.S., seventh American, from the sixth and revised English edition, with twenty plates and illustrations on wood. Philadelphia. Henry C. Lea. 1868. One vol. 8vo., cloth, pp. 808. Price \$9.50.

There are few treatises upon specialities in medicine that have attained a popularity equal to the book before us. First published in 1842, it has already gone through six editions in England and seven in this country. This fact alone may be accepted as evidence of the high position accorded it, in the specialty to which it pertains.

After a careful consideration of the anatomy, physiology and pathology of the skin and dermoid appendages, and a no less careful examination of the various classifications of cutaneous diseases,

from the ancients down, the author adopts one of his own, which he calls "the clinical classification," which consists of "twenty-two groups," each of which includes one or more diseases, many of which are divided and subdivided into numerous, and in our opinion, sometimes, very unnecessary varieties and subvarieties. Thus, he enumerates and describes no less than forty-eight varieties of eczema; each locality on the body—the head, face, hands, feet, eyelids, ears, mouth, lips, &c., and every stage and place of the disease—the dry, moist, ichorous, fissured, scaly, &c.,—being considered as different varieties; and like subdivisions are made of many other diseases. Now it would seem to us just as rational, to describe the different stages—the macular, papular, vesicular, pustular, desquamative, &c.,—of small pox as so many different varieties of the disease. We must certainly question whether the positive practical advantages to be derived from this hypercritical exactitude of diagnosis—the subdivision of the different diseases into so many varieties—compensates for the very, and as we believe, unnecessarily formidable aspect given to the pathology of cutaneous diseases, and cannot, therefore, but think this feature of the work rather objectionable than otherwise. We had sincerely hoped that with the advancing lights of science, the entire subject would have been simplified instead of being further complicated.

The present edition has been carefully revised and in many parts re-written, and especial attention has been given to the practical improvements in treatment. Its value has also been materially enhanced by the newly incorporated illustrations.

A just estimate of the value of Dr. Wilson's work may be formed from the immense popularity which it has attained. The appended formulary of selected remedies, and the glossary of dermatological terms will be found practically useful and convenient.

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ATLAS OF VENEREAL DISEASES. By A. Cullerier, Surgeon of the Hôpital du Midi, &c. Translated from the French, with Notes and Additions by Freeman J. Bumstead, M. D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. Philadelphia, Henry C. Lea, 1868.

invention and practical application to the investigation and treatment of disease.

The lectures embrace a consideration of the normal condition of the parts, and of the various pathological lesions incident to their different forms of disease, and numerous clinical demonstrations of the application of the instrument to their study and treatment. Many of these cases are highly interesting and instructive.

There can be no question as to the value of the endoscope in the diagnosis and treatment of various genito-urinary diseases, such as urethral chancre, granular urethritis, and in certain forms of stricture, and vesical calculus, but the difficulty of manipulating the instrument—even the most improved form as yet in use—must very materially interfere with its general availability.

Several modifications of the endoscope, rendering it easier of introduction, and giving a less limited view of the parts, have already been effected, and we doubt not that it will yet be so simplified that its value and applicability will be greatly extended. The little brochure before us is highly interesting, and well worthy a careful perusal. W.

THE INDIGESTIONS: OR, DISEASES OF THE DIGESTIVE ORGANS FUNCTIONALLY TREATED. By Thomas King Chambers, M.D., Honorary Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, &c., &c. Second American, from second and revised London edition. Philadelphia. Henry C. Lea. 1868.

This is a monograph of 319 pages, and a work of rare merit. Indeed, we have seldom had the pleasure of reading a work of so much interest; and now lay it down, feeling that we have been amply remunerated for our labor. The medical profession are indeed under many obligations to Dr. Chambers, for so valuable a contribution to medical science. It is just such a work as the profession has stood in need of for years. In it, Dr. Chambers has exploded many old ideas heretofore entertained in relation to the causes of indigestion, and its treatment.

In relation to certain foods, the author says, "It was a mistake in Baron Liebig to state that oily foods are disgusting to natives of hot climates. All races of men require them, and seek after

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them; and the taste of the Esquimaux, so often quoted, depends mainly on the abundant supply of the article, which the sea places at his disposal, coupled with a scantiness of other provisions.

Throughout mankind, there is an instinctive appreciation of the importance of this aliment, independent of accidental differences of nations, or locality. It seems felt to be, as science shows that it really is, a necessary material for the renewal of the tissues, and the desire for it becomes synonymous with a desire for augmented life." It is a book that should be found in the office of every practising physician.

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This little work is evidently intended for a hand-book for students, and in its way we suppose is about as good as any of its kind. Brevity, too great conciseness, always leads to superficiality, and that is the crying evil of our present system of medical education. The whole of the present system is a mere outline, to be filled in, if ever—and most likely never—at some future period. Hand-books, synopses, compends &c., are among the necessary evils of the present *cramming plan* of medical teaching. We need more thorough and exhaustive text-books, and more thorough teaching, to elevate the standard of medical education to what it once was, and now should be. We have not had time to examine the book thoroughly, but cannot but think that in his efforts at conciseness, the author has rather overdone the thing. The mechanical execution of the work is fine; the paper is good and the type large and distinct, as all text-books should be.

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without which there can be no subsequent intelligent comprehension of any science, is it any wonder that the *honest student*, in his efforts to accomplish the *almost superhuman task expected of him*, should exhaust every energy of his nature?—that he should indeed grow faint and weary? *The wonder is, that, under such circumstances, any succeed.*

As in any other departments of education, medical teaching should be inductive and progressive. The student should have the advantage of a judicious preliminary mental training and culture, an especial feature of which, should be the cultivation of habits of observation and reflection, and of the reasoning and perceptive faculties. Natural history, mathematics, physics, practical chemistry and natural science, and the modern languages, have a direct bearing on his future profession, and should be embraced in his preparatory education. To the advantage of a knowledge of the classics we have already referred. The student should not be allowed, much less required to engage in the study of the advanced and complex departments of the science until he is familiar with its elementary principles. To this end his studies should be graded. The college curriculum should be modified and systematized, and made commensurate with the requirements of the rapid advances of medical science. It should embrace the different branches or departments of medicine known as specialties, and as such neglected by the mass of the profession; and the corps of teachers should be correspondingly increased. It may be urged that this would necessitate increased labor and prolonged study, and deter some from entering the profession. It would also secure greater thoroughness and efficiency. What we would lose in quantity we would gain in quality. We would exclude from the profession those incompetent or unwilling to attain to a knowledge of it. The line of demarcation would be more strongly drawn between the intelligent physician and the ignorant pretender, and medicine would again assume the position it once held as a learned and honorable profession.

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“On motion of Dr. Montgomery, Dr. M. M. Pallen was called to the chair.

“On motion of Dr. E. F. Smith, Dr. Wm. Webb was appointed secretary.

“On taking the chair, Dr. Pallen referred in an eloquent and feeling manner to the virtues of the deceased.

“Dr. Moses made appropriate remarks upon the character, the high standing and professional attainments of Dr. McDowell.

“A committee, composed of Drs. W. M. McPheeters, G. A. Moses, Geo. Johnson, Newman, and McGintee, was appointed by the chair to draft resolutions. The following were reported and unanimously adopted:

“Whereas, It hath pleased an all-wise Providence to remove from his sphere of usefulness our esteemed friend and professional brother, Dr. John B. McDowell: therefore,

“RESOLVED 1. That in the death of Dr. McDowell our profession has sustained the loss of one of its most worthy and upright members, who for forty years has borne the character of being an honorable, high-minded, intelligent, conscientious physician.

“2. That we bear cheerful testimony to the great purity of character, unobtrusive modesty, strict integrity, and high moral and intellectual worth of the deceased, in whose death the community has also lost a good and valuable citizen.

“That a copy of these resolutions, signed by the officers of this meeting, be furnished to the family of the deceased, and be published in the newspapers and medical journals of this city.

On motion the meeting adjourned to attend the funeral.

M. M. Pallen, M. D., Chairman.

Wm. Webb, M. D., Secretary.

ELEGANT PREPARATIONS.—We cannot but think that too little attention is given by the profession generally, to the form in which medicine is prescribed, as to whether palatable or otherwise, and there can, we think, be no doubt that the success of homœopathy is largely attributable to the agreeable form, in which their medicines are dispensed. There are, doubtless, few of us who have not heard the excuse made for the employment of homœopath physicians, that the children do not object to taking their medicines. Now, in this, as in many other things, adults are but children of a larger growth. There are none of us, who when compelled to take medicine, do not object to nauseous doses. Are we not too apt to forget this when prescribing for others.

We are pleased to see the effort that is being made by pharmacutists,

to furnish us the active principles of reliable remedies, in palatable form. Sugar coated pills, and granules and fluid extracts, are rapidly taking the place of crude and nauseous drugs. Among the former, we suppose that there are few more reliable than the preparations of Wm. R. Warner & Co., of Philadelphia; and of the latter there are none superior to those of Enno Sander, Manufacturing Chemist of this city. We speak from experience when we say that his "elixirs" are all he claims for them: they are elegant and efficient. We now have patients who claim to be able to discriminate between them and similar preparations, by their medicinal effects. Mr. Sander assures us that his "official preparations" are made *strictly* in accordance with the formulæ of the U. S. Pharmacopœia, and that in no instance, and in none of his preparations does he use any but the best materials.

NEW SYDENHAM SOCIETY'S PUBLICATIONS.—Messrs Lindsay & Blakiston, of Philadelphia, have, with the approval of the Society's Agent in London, made an arrangement with the Hon. Local Secretary, Richard J. Dunglison, M. D., to act as agents in the United States, and are now prepared to receive subscriptions for the year 1868, at *Ten Dollars*, payable in currency, invariably in advance, and to furnish any of the previous years at the same rate, and on the same terms.

The practical character and permanent value of these publications, and the very low price at which they are furnished, commend them to the favorable attention of the medical profession in the United States.

Subscribers, by remitting fifty cents per volume, in advance, to pay the postage, can have the volumes forwarded to them by mail, as they appear; or they will be sent at their expense by express, or in any other way they may direct.

Messrs. L. & B. will furnish free, upon application, Reports of the Society, containing full titles, &c., of the works published.

THE MEDICAL DEPARTMENT of Vienna University has 46 professors. The same work, in America, is attempted by one-fourth that number, and in less time. Where would you expect to find the graduates most perfect?—*Ex.*

OBSTINATE ACNE.—A correspondent writes: "I have a patient, a young lady about 18 years old, who has acne. She has had it about three years, and it disfigures her face very much. It seems to become worse at her *monthly periods*. She is very anxious to be cured of this disease. She has taken a great variety of patent medicines, and they

have never done her any good. She has tried several physicians, but has received but very little benefit from their remedies. I took the case under my care about a month ago. I gave her the following, R. Tr. ferri muriat., $\mathfrak{z}\text{j}$; liq. potassæ arsen. $\mathfrak{z}\text{iss}$.; hyd. chlor. corros. gr. iij. Thirty drops of this was given three times a day; also applied calomel ointment to eruptions. I do not see that this treatment is doing any good. It seems to be an obstinate case, and I fear that it will be one that will be hard to cure. Will you be so kind as to give the best treatment for so stubborn a disease, as this case has proven to be, through the columns of your valuable journal?"

There seems good reason to doubt the benefit of much internal medicine in such cases. Acne is a purely local disease, and must be met with local remedies. Hebra, whose experience in skin diseases transcends that of any other living man, recommends thorough washing and rubbing with any good soap, every night, or every other night, and then the application of the following salve: R. Lac. sulph., potass. carbonat., glycerrh., aq. laurocer., spir. vin. gal., aa $\mathfrak{z}\text{ij}$. This should be left on all night, and washed off in the morning, without the use of soap. This salve causes a slight pityriasis rubra, which quickly disappears on intermitting its use.—*Hautkrankheiten*, s. 518.

Corrosive sublimate, in cologne water (gr. j. to $\mathfrak{z}\text{j}$.), iodide of sulph., iodide of mercury, and vapor baths, might also be suggested. One of the old surgeons recommends what perhaps would be a more agreeable remedy—*matrimonium curat varos*. It does seem often to be the case.—*Med and Surg. Reporter*.

[We have recently used the formula above suggested with very decided benefit in an obstinate case of acne of some fifteen years duration. It is our experience, however, that the disease is much more amenable to treatment when the local applications are used in conjunction with judicious constitutional measures. Although a "purely local disease," we have found it much more "obstinate" when met with some constitutional dyscrasia. We have found tonics, "good diet," and hygienic measures, valuable accessions.—Ed.]

ON THE SOLVENTS OF PSEUDO-MEMBRANOUS EXUDATIONS, AND ON THE EMPLOYMENT OF BROMINE IN THOSE DISEASES.—Dr. Ch. Ozanam, formerly librarian to the Academy, in a memoir published in the number of *Révue de Thérapeutique Médico-Chirurgicale*, for January 1, gives an account of his experiments with various articles made with a view of ascertaining the best solvents for diphtheritic exudations. The one which effects their solution in the shortest time—even in a

few minutes—is the ammoniuret of copper (liquor of Schwitzer). This liquor may be given in doses of from two to twenty drops during the day in one or two glasses if for an adult; it cannot be given to children on account of its very bad taste.

He prefers, however, an aqueous solution of bromine in the proportion of one drop in twenty-five to thirty grammes (about an ounce) of pure water. It must be kept in a well-ground glass-stoppered vial and in the dark, and when it loses its amber color it should be renewed. This solution is to be given in drops every hour, in as many teaspoonsful of sweetened water, so as to give one or two grammes (thirty-six grains) of the solution in the twenty-four hours. When well sweetened, children take this without difficulty.

Dr. Ozanam also gives the bromine in fumigation in the following manner:—he takes a bowl of boiling water and places over it a funnel of glass or of paper. He puts into the water a large pinch of bromide of potassium, or of common salt, and afterwards adds gradually two or three times within the space of from five to ten minutes a teaspoonful of the bromine water. The patient must inhale slowly and deeply the vapor which, mixed with the steam of the water, does not produce any irritation.

Dr. Ozanam asserts that he has cured by this simple method more than one hundred and fifty cases of membranous croup. Up to the period of his writing he had failed in not more than four or five cases; and these were cases of membranous croup.

While he recommends this as the principal remedy, other means which may seem to be called for should not be neglected.

BROMIDE OF POTASSIUM.—It is difficult to foresee where all the virtues of this remedy are to end. That it is a medicine of great therapeutical power is beyond all question; but what may possibly prove to be its toxic properties remains yet to be seen. Like all new agents in the cure of disease, it is not unlikely, for a time, to be overrated. We cannot avoid believing, however, that it will acquire a permanent and elevated place in the great store-house of *materia medica*. The last use to which it has been put is to allay the morning sickness of pregnancy. A writer in the *Boston Medical and Surgical Journal* relates excellent effects—immediate and complete—in this very distressing affection, which had so reduced the patient that death, in consequence, appeared to be imminent. He prescribed bromide of potassium, half an ounce, water four ounces, of which a dessert-spoonful was taken once in two hours. Three doses quite relieved all nausea.

When there was any return of the nausea afterwards, it was easily allayed by a single spoonful. From the time of taking the first dose until the end of her term, she never vomited again, but was able to eat even hearty food, and she gained rapidly in strength. The bromide here looks even better than the oxalate of cerium in such cases.

HÆMORRHAGE FROM WAXY OR AMYLOID DEGENERATION.—Dr. L. Granger Stewart (*British and Foreign Medico-Chirurg. Review*) thinks that the following conclusions are warranted by the facts thus far observed in connection with this subject:

1. That hæmorrhage is not a very unfrequent consequence of the waxy or amyloid degeneration of vessels.

2. That next to the spleen, the intestinal tract is the most common seat of such hæmorrhage.

3. That the hæmorrhage occurs independently of any visible ulcerative process.

4. That it probably depends upon rupture of the capillaries of the affected parts.

5. That waxy or amyloid degeneration of the liver does not of itself suffice to produce hæmorrhage from the bowels.

6. That the hæmorrhage occurs in cases in which the liver is free from waxy degeneration.

7. That the occurrence of hæmorrhage increases the danger of the patient.

8. But, that sometimes it comes and goes for years without markedly depressing the vital powers.—*Boston Med. and Surg. Journal*.

THE STOMACH AND THE MIND.—Much of our conduct depends, no doubt, upon the character of the food we eat. Perhaps, indeed, the nature of our meals governs the nature of our impulses more than we are inclined to admit, because none of us relish well the abandonment of our idea of free agency. Bonaparte used to attribute the loss of one of his battles to a poor dinner, which at the time disturbed his digestion. How many of our misjudgments—how many of our deliberate errors—how many of our unkindnesses, our cruelties, our acts of thoughtlessness and recklessness—may be actually owing to a cause of the same character? We eat something that deranges our system:—through the stomachic nerve, that derangement immediately effects the brain; moroseness succeeds amiability; and under its influence we do that which would shock our sensibility at any other moment. Or, perhaps a gastric irregularity is the common result of an over-indulgence in wholesome food, or a moderate indulgence in unsuitable food. The liver

is affected—in the affection the brain profoundly sympathises. The temper is soured; the understanding is narrowed; prejudices are strengthened; generous impulses are subdued; selfishness originates by physical disturbances which perpetually abstract the mind's attention, becomes a chronic mental disorder; the feeling of charity dies out; we live for ourselves alone; we have no cares for others. And all this change of nature is the consequence of an injudicious diet.—*Boston Jour. Chem. and Dental Cosmos.*

SOLUTION OF CHLORINATED MAGNESIA.—Thinking that this preparation, from the possession of certain properties, has advantages over the solution of chlorinated soda, known by the name of “Labarraque’s Disinfecting Liquid,” I would suggest the following simple formula for making the same: Dissolve 8 ounces sulphate of magnesia in two pints of water. Triturate in a mortar 4 ounces and 1 drachm of chlorinated lime with an equal amount of the same fluid. Mix the solutions together and agitate occasionally.

After standing twelve hours pour off the supernatant liquid.

This consists of a solution of chlorinated magnesia, containing a small amount of sulphate of lime. I found, by adding solution of caustic soda, that the precipitate produced thereby from 4 ounces of the liquid, when dried, weighed 35 grains; therefore each ounce contained a little less than 9 grains of magnesia.

The superiority over the corresponding solutions of soda and lime as a remedial agent, consists in the base (magnesia) which it contains not being caustic in its nature. Therefore particularly adapted either for internal use or as an application to delicate tissues where the effect of chlorine or its compounds only is required.—**ROBERT F. FAIRTHORNE.**
—*Jour. Franklin Institute.*

NEURALGIA.—“Dr Francis Pirotte gives numerous observations in which neuralgia was cured by the spray of chemically pure ether; the pains, the most unyielding to all other means, ceased almost immediately. The ether is sprayed upon the painful parts two or three minutes at a time, repeating it, if necessary, two, three, or four times, allowing sufficient time between each operation for the ether to completely evaporate. The temperature of the part at once falls several degrees below zero, the skin becomes blanched, insensible, and soon the subjacent parts become equally in a state of anæsthesia, and relief follows. Sometimes, the pain flies from one spot to another, but must be followed up. No unpleasant sensation follows its use, unless the ether be impure, when annoying sensation of burning and irritation is

produced. It may be employed for pains from whatever cause, itching, cholera cramps, local inflammations, tetanus, rheumatism, burns, etc. Its advantages are facility of execution, immediate disappearance of the pains, and prompt cure, and economy.

“In symptomatic neuralgia, it is advisable to aid the security and the rapidity of the treatment, by appropriate internal and external measures, as sulphate and valerianate of quinia, iron, tonic bitters, iodide of potassium, removing tumors, healing wounds or ulcers, etc.”
—*L'Union Médicale de la Gironde* and *E. Med. Jour.*

LACTATE OF ZINC IN EPILEPSY.—Dr. Hart has tried this remedy in combination with belladonna, on 240 patients in the Western Lunatic Asylum of Kentucky, all of whom had been affected with epilepsy from three to six years. An improvement took place in all, and in no case did he use it without effectually controlling the paroxysm in from 24 to 48 hours. His formula was: *R. zinci lactatis, gr. xxx; ext. belladonna, gr. viii; M. ft. pil. x. Sig. One before each meal.*

It is a question which remains still to be decided, what is in fact the best remedy for this dreadful affection. The whole family of zinc salts and its oxide have, as well as the lactate, been highly commended by different parties for curative virtues in convulsive nervous diseases. The sulphate, Dr. Babington had good success with in treating epilepsy, but the valerianate was considered the most effective of all the zines in doses of one-half a grain raised gradually to three grains three times a day. The extract of belladonna is frequently united with the zinc in pill, and it may be supposed, from its general use, that it has some peculiar sedative action in convulsive disease. The bromides at present, however, seem to have the most popular and promising position.

HEREDITARY NATURE OF HARE-LIP.—M. Demarquay lately asked the advice of the members of the Surgical Society of Paris, touching a little girl, five years old, who presented a double hare-lip. Some difficulties will be encountered in the operation, but the interest of the case lies in the fact, that in the family, from the grand-parents down, eleven children have been born with hare-lip, or with a peculiar conformation of the lower lip, viz: two openings on either side of the misial lines traversing the whole labial thickness, with a peculiar form of the lip itself. To this latter fact M. Demarquay had called attention in the *Gazette Médicale* as early as 1845.—*Lancet.*

CHRONIC PLEURISY TREATED WITH TANNIN.—Dr. Duboné, of Pau, records in the *Bulletin de la Soc. de Med.-Chir. de Bordeaux* (Bull.

de Thèr., lxxiii., p. 47, July 15, 1867), two cases in which extensive pleuritic exudation, with perforation to the bronchi and fast failing of general health, existed. Both patients received sixty centigrammes of tannin daily, and after some days unmistakable improvement set in, which was followed by entire recovery. According to Duboné, the favorable effect is produced by diminishing the secretions of the bronchial tubes and pleura, and improving nutrition.—*Med. and Surg. Reporter*.

ELIXIR OF VITRIOL AND TANNIN AS A HÆMOSTATIC.—The combination of elixir of vitriol and tannic acid has proved upon trial, a very convenient hæmostatic for dental use. It has been found very effective in internal as well as external hæmorrhages, and is more agreeable, when applied to the mouth, than many of the agents possessing like properties. By its application a violent hæmorrhage following excision of the tonsils was immediately and permanently arrested. It is also effective in diarrhœa where astringents are indicated. We recommend this preparation for hæmorrhages following the extraction of teeth, in two cases of which we have successfully used it.—*American Journal of Dental Science*.

WHAT IS SYPHILIZATION?—M. Langlebert gives the following aphoristic reply to this query: Syphilization is the art of giving syphilis to those who have not got it, to recall it in those who no longer have it, and to eternize it in those have it.—*Presse Belge*.

ASTHMA.—Dr. Begbie reports of having cured two cases of asthma of long standing, where the patients had renounced all hope of benefit from drugs, by the use of bromide of potassium in full doses, night and morning.

ANTISEPTIC PROPERTIES OF ETHER.—It is said that ergot of rye, cantharides, portions of meat, anatomical specimens, and various other substances liable to attack from worms, insects, or putrefaction, may be preserved by being moistened with sulphuric ether and kept in hermetically stopped bottles.—*Ex*.

A NEW STYPTIC.—One part of crystalized perchloride of iron, gradually and carefully mixed with six parts of collodion, so as to prevent evolution of heat, which injures the collodion, forms an excellent hæmostatic for wounds, leech bites, &c. The composition when well made is of a yellowish red color, perfectly limpid, and produces on the skin a yellow pellicle which retains great elasticity.—*Am. Jour. Dental Science*.

CROUP AND DIPHTHERIA.—Mr. J. Warrington Howard, (*St. George's Hospital Reports*,) states, most emphatically, his belief that there are two distinct combinations of symptoms with their associated pathological changes, to which may be given the names croup and diphtheria; that these combinations are constant, and the elements or terms of them are never interchangeable, although there may be added quantities common to both.

He then lays before the reader his notes on these two diseases, which may be summed up under the following headings, each of which, however, is elucidated in detail:

1. Diphtheria is an acute specific disease; croup is a local inflammation.

2. Diphtheria is contagious; croup is not.

3. Diphtheria is epidemic; croup is not.

4. Diphtheria is an asthenic disease; croup is a sthenic inflammation.

5. The exudation in diphtheria attacks first the fauces and pharynx, but in croup the trachea.

6. Diphtheria attacks persons of all ages; croup is a disease of children.

7. There is usually albuminaria in diphtheria, but not in croup.

8. Diphtheria is frequently followed by nervous derangements, which do not occur after croup.

9. Changes occur in the spleen in diphtheria, which are not found in croup.

10. Blood changes occur in diphtheria, which are not observed in croup.

In the matter of treatment, tracheotomy is very strenuously advocated early in diphtheria. The success of the operation depends on its early performance. This is less to be insisted on in croup, where the operation may be delayed even until the child shows the effect of non-aeration of the blood. The arguments in favor of tracheotomy are strong and well put, and substantiated by an appeal to numerous recorded collections of cases wherein this plan has been followed.—*N. Y. Medical Journal*.

BROMIDE OF POTASSIUM IN NAUSEA ATTENDING ETHERIZATION.—Dr. Alex. J. Stone, assistant in practice to Prof. Horatio R. Storer, of Boston, has several columns in the *Boston Medical and Surgical Journal*, Feb. 28, devoted to an exposition of the use of this drug in the relief of the nausea and other disagreeable effects attending upon

the inhalation of ether. He instances some thirty *unselected* cases illustrative of its efficacy. It is hoped experience may so far establish the claims of this important and apparently new property of the bromide of potassium as to give ether the preference as an instrument of anaesthesia to the entire exclusion of that more dangerous article chloroform. Dr. S. moreover remarks: "In Prof. Storer's practice I have, within the past four months, been obliged to prescribe it for various symptoms attending uterine disease, such as insomnia, hysteria, epilepsy, and other forms of mental and nervous derangements. More than a hundred and fifty times, speaking within bounds, and with the single exception of the resulting acnoid eruption, which passes away voluntarily when the medicine is discontinued, I have been so fortunate as not to have seen any ill results. In case it is to be given after the use of ether, I would recommend the exhibition of either thirty or forty grains every thirty, forty-five or sixty minutes, as may be found desirable.

"I am inclined to think, however, from the results of a somewhat extended series of experiments made with this drug by Dr. Storer upon himself, and communicated to me, that there is little or no risk of gastric, nervous, or other irritation from its use even in doses that might seem enormous, provided the bromide is exhibited in at least twice the amount of water required to dissolve it."—*Jour. of Mat. Medica.*

DIGITALIS.—Dr. J. D. Brown relates six cases in the *Medical Times and Gazette*, for January 25, 1868, in which he used digitalis in the form of poultice in suppression of urine. He made use of the fresh leaves, dried leaves, or the tincture mixed with flaxseed. All the cases obstinately resisted all other remedies, and it was only after waiting three or four days that the remedy was tried. In each case secretion of urine was obtained. The first case terminated fatally on account of lack of care in the use of the remedy; after a suppression of nine days duration the drug was used, and from 4 A. M. to 10 P. M., the patient passed enough urine to fill "eight ordinary-sized chamber vessels and was still making it." Another case was relieved, but suppression recurring she was neglected by her attendants and died. The other four cases recovered.

"The rules of management must depend on the pulse. I have seen no good results till the pulse fell in number; it matters not from what figure: fall it must before any change occurs. I would strongly advise 60 as a standard from a high number; 40 or 50 from a lower figure—say from 80. Judging from the effects on the circulation, we cannot lose sight of the fact that the arrest of secretion depends on capillary

congestion, which in turn might, by pressure, paralyze the nerves. The fact, however, remains that we compel the kidney to resume its functions by diminishing the force of the circulation, lessening the quantity of blood by allowing a much longer interval between each new arrival. Strange, too, it is that in four cases the attack commenced suddenly like a fit of stone, and, in reality, stone came away in each case.

“ It is not supposed that it will succeed in all cases of that mysterious disease; but it is clear that it has a powerful influence over the renal secretions, and if carefully watched, taking the pulse as a guide, no mischief need be feared.”

HYPODERMIC USE OF MORPHIA DURING ANÆSTHESIA.—In a recent clinical lecture, connected with the operation of Lithotomy, Prof. Wm. Warren Greene, of the Maine Medical School, said, that he was thoroughly convinced that the use of warm, instead of cold sponging, diminishes very much the shock in this, and other severe operations, and also the liability to inflammation. The water should be fully up to blood heat, and the part should be kept as near its natural temperature as possible during the operation. The cases where this indication is over balanced by the necessity for the styptic effect of cold are comparatively rare.

A second point, was the importance of the subcutaneous injection of morphine *while the patient was under the influence of ether*. The influence of this early and speedy introduction of an anodyne into the circulation, in anticipating all pain and irritation and preventing shock, can hardly be over-estimated, especially after severe procedures and in feeble subjects. But another effect, of the greatest consequence, as regards at least the comfort of the patient and the convenience of all parties, is the decided effect of morphine thus introduced in shortening the anæsthetic influence *and in preventing delirium and nausea*.

He is in the habit of giving a *full* dose; usually not less than half a grain and often a whole grain; and is quite sure that a trial of it is all that is necessary to secure its adoption by surgeons every where.—*Medical Gazette*.

LOCAL TREATMENT OF “SOFT” CHANCRE.—A writer in the *British Medical Journal*, says, that the application of carbolic acid causes “the rapid destruction of the ulcerating surface, with the apparent decomposition of the poison, and that without any considerable degree of pain. * * * The acid, when applied in a concentrated form, turns the surface of the sore of a white color; this becomes a thin dry yellow scab, which separates in about two or three days. The application should be

repeated to the third or fourth time, according to circumstances, when it may be found that the sore has healed under the scab. Should the acid be applied too abundantly, the adjacent tissues are apt to become excoriated." In twelve cases in private practice, the healing of the sore was complete in an average of ten to fourteen days.

Dr. Hinkle, of Columbia, Pennsylvania, to whom we believe is due the credit of first introducing the use of the permanganate of potash in the treatment of hospital gangrene, and who published in the *American Med. Times*, Nov. 1863, the result of his experience with it, in a large number of cases, has informed us that he found it no less efficient in destroying the virus of chancre, and converting the "ulcer" into a simple sore. For this purpose a single application of a solution of 85 grains to the ounce was ordinarily sufficient. A dilute solution was used as a subsequent dressing to the sore.

LIME INHALATIONS IN CROUP.—Dr. B. B. Wilson of Philadelphia, reports in the *Richmond and Louisville Medical Journal*, the successful treatment of two cases of croup by "lime inhalation," one of which he says, was undoubted "pure and uncomplicated membranous croup." It had existed several days and was in a most critical condition when first seen and prescribed for. The doctor claims for the inhalation of "the vapor of lime" that in addition to being "an efficient remedy for such a desperate phase of disease * * * it can be used in addition to, and without interfering with any other treatment * * *. There can therefore be no objection to its exhibition in cases in which the prognosis is most unfavorable, and it is in those cases particularly that I desire the profession to give it an opportunity to prove its value. * * * It can be conveniently administered by slacking in a pitcher a lump of quick-lime, as originally suggested by Dr. A. Geiger, of Dayton, Ohio, a vapor bath being extemporized by two or three large quilts or blankets, supported by chairs or props, the head-board of the bed, or arm of the sofa, and including the entire body of the patient within its limits."

COMPLETE DIVISION OF THE MEDIAN NERVE WITH PRESERVATION OF SENSIBILITY.—The *Lancet*, Nov. 30, 1867, records a case in the wards of Prof. Richet, at La Pitié, which excited much interest and gave rise to much speculation on account of the numerous physiological problems which it involves. The patient, a female, aged 24, had fallen heavily on some sheets of copper, and severely wounded the wrist. The superficial muscles were found divided; the radial artery, was completely cut through *as was the median nerve*, and the flexor profundus itself bore marks of injury, yet sensibility of the lower end

of the nerve was unimpaired. The patient screamed with pain as M. Richet excised a minute portion of it for microscopical examination. All the parts to which the median nerve is distributed had likewise retained their sensibility.

Of the division of the nerve there can be no question, as the case was seen and examined by Professors Richet, Denonvilliers, Pajot, Michel, Duchenne, and many others; how are we to account for the preservation of sensibility?

The general bent of opinion seemed to be to the assumption of some sort of anastomosis between the injured nerve and the other nerves of the hand. This hypothesis is put forward in the French medical journals, and is supported by quotations from the physiologists Claude Bernard, Vulpian, Longet, Magendie, and others. M. Richet has withheld his own explanation, which will appear when he gives a detailed account of the case.—*N. Y. Med. Journal.*

TREATMENT OF MAMMARY ENGORGEMENTS.—Dr. Wilson, U. S. A., reports (*Phila. Med. and Surg. Rep.*) a number of cases in which he has used strapping with adhesive plaster (*emplastrum plumbi*) with satisfactory results in controlling inflammatory engorgements and in arresting the secretion of milk. In one case in which ext. belladonna, camphorated spirit of vinegar, &c., were externally applied, and iodide of potassium used internally as an antilactescent without benefit, and the inflammation had so far progressed as to present every appearance of abscess, the lady expressed herself instantly and very much relieved, immediately upon the application of the strapping, and in three days, during which the strapping was several times renewed, the breasts had returned to their natural size, and every appearance of trouble was gone. The straps being of sufficient length, and about half an inch in width, one should be applied firmly around the base of the breast, the ends crossing above the breast, and firmly applied as far as the sternum, which will thus sustain and support the breast in a somewhat conical shape, other straps are then passed around it in a similar manner until it is almost covered with the plaster. In abortion or premature labor, the early strapping of the breast is said to entirely prevent the secretion of milk, and cause the breasts to retain their normal shape.

Dr. Boisliniere, of this city, also speaks highly of strapping the breasts as a gallactic preventive, and also of its effect in causing the breasts to retain their natural fulness and firmness.

HÆMORRHOIDS.—Dr. A. E. Hall, of New York, praises the following application in this distressing complaint: Dissolve manna ℥iij in boiling water q. s. so that upon cooling it will be about the consistence of thick cream; to this add sulphur, ℥ij ss, previously triturated in a mortar with mercury q. s. to give the sulphur the color of gunpowder, (the mercury will entirely disappear from the trituration.) Mix the sulphur with the manna; then add rhei pulvis q. s. to make mass, and divide into balls about the size of rifle bullets. Roll in rhei pulvis and set away to harden. One of the balls, previously dipped in olive oil, may be introduced up the rectum every night or every day, as the case may be.—*Phila. Med. and Surg. Reporter.*

NEURALGIA SUCCESSFULLY TREATED BY THE SPINE-BAG.—Dr. John Chapman, physician to the Faringdon Dispensary, reports in the *Dublin Medical Press and Circular*, a number of cases of facial and dental neuralgia, successfully treated by the application to the spinal column, of bags of, in some cases, hot water, and in others of ice water, and in some instances the conjoined application of heat and cold—the ice water bag to one portion, and the hot water to the other. In several cases that had resisted other treatment, the spinal applications were perfectly successful. Some cases were immediately relieved while others required persistence in the treatment for several days—*Dental Cosmos.*

NUX VOMICA IN CHRONIC DYSENTERY.—In a recent number of the *Bulletin Générale de Thérapeutique*, is an excellent article by Dr. De Savignac upon the use of nux vomica in dysentery and dysenteric paralysis. His theory is, that the cause of the disease lies in an affection of the spinal cord, which causes paralysis of the motor nerves of the large intestines, and of the vaso-motor nerves which supply its blood vessels. If this be correct, nux vomica would appear to meet the indication precisely. Dr. Seignac, who has had large opportunities for observation in the marine hospitals of Toulon, claims excellent results.—*N. Y. Med. Gaz.*

DRUGGISTS' MISTAKES.—The *Journal of Applied Chemistry* concludes a sensible article on this subject, with the following very sensible suggestion:

“If physicians would always be careful to write in legible characters, and the apothecary were always thoroughly qualified and even required by law to be so, not only by education and experience, but in his habits, there would be comparatively little danger.” [Legal enactment should make it a criminal offense for any person to prescribe or compound medicines, without proper educational qualifications —Ed.]

MADAME LACHAPELLE.—Dr. Schlesinger, in a recent number of the *Wiener Wochenschrift*, gives an amusing account of a visit he paid to this celebrated accoucheuse, while at Paris on the occasion of the Exposition. He says that the term “midwife” gives not the slightest idea of the functions of this famous and much employed lady. She is at once “sage-femme,” gynecologist, syphililologist, and operator for all the lesser evils of the sex. She is the trusted aid of young women and old husbands, of mothers and daughters who may have mishaps to conceal or repair.

He obtained his interview under pretext of a desire to consult Mme. Lachapelle on a case of sterility which had resisted all medical attempts at relief—this being a class of cases in which she has obtained great celebrity. On detailing to her the various remedies which had been tried, and among these the rectifying the mal-position of the uterus, she expressed the great distrust she felt in these assumed inflections and deflections, which *too often were only excuses for prolonged treatment*. She held it a pretty strong proof of the correctness of her scepticism, that in twenty cases, two equally celebrated accoucheurs scarcely agreed in a single one as to the exact diagnosis. We have not space to pursue the amusing conversation which followed, only observing that Mme. Lachapelle protested against the habit of invariably attributing the failure of offspring to the woman, while it not unfrequently was really due to the dissipated habits of the man prior to marriage, or some individual peculiarities. She cited several historical illustrations, as that of Louis XVI., who after an unfruitful cohabitation with a beautiful wife during seven years, yet eventually had five children by her. Then again, who was at fault in the childless union of Josephine and Napoleon, the one having had two children by a former marriage, and the other, one by his second Empress?—*Medical Times & Gazette*.

TO KEEP OFF MOSQUITOES.—The smoke produced by the burning of what is technically called “Persian Insect Powder,” and which consists of the powdered flowers, and perhaps young stems and leaves of *pyrethrum carneum*, a kind of chamomile largely cultivated in Germany, is quite intolerable for all kinds of insects. A small quantity, about as much as could be heaped on a silver dollar piece, if placed on a suitable vessel and lighted at the top, will smoulder gradually away, and soon fill the room with a light smoke, which narcotizes the mosquitoes, and keeps them quiet for several hours, after which it may be necessary to “repeat the dose.” The powder may also be twisted up

in a light cylinder of paper and burnt in that form. The Chinese and Tartars mould it into sticks and burn it in their tents and dwellings, which would, in many cases, be uninhabitable without it. The same substance, in its powdered state, is also used with advantage in preventing the attacks of roaches, bedbugs, fleas, ants, &c., and for keeping flies off dining tables. It is perfectly harmless to mankind, and may be eaten as freely as chamomile, and the smoke is not at all injurious. The smoke has the same effect on flies as on mosquitoes—not destroying them, but merely narcotizing or stupefying them.—*Chemical Gazette*.

TO CLEAN SILVER WARE.—When spoons or other silver utensils have been used for eggs, or have been exposed to gas or any element containing sulphur, they very soon become covered with a black coating of the sulphide of silver. This may most readily be removed by placing the article in contact with a piece of bright metallic zinc, and immersing the two in a boiling saturated solution of borax or caustic potash, in water. They may also be cleaned with a concentrated solution of cyanide of potassium.

REMOVING TAN.—Tan can be removed from the face by mixing magnesia in soft water to the consistency of thick paste, which should then be spread on the face and allowed to remain a minute or two. Then wash off with Castile soap-suds, and rinse with soft water.—*Exchange*.

LIQUID DYE, WITH PREPARATION.—Nitrate of silver, in crystals, one drachm; rose water, or distilled water, two ounces. Dissolve, and add aqua ammonia, till the solution becomes cloudy from the precipitated oxide of silver; then add more ammonia, till the oxide is redissolved; to this, add one half drachm of powdered gum arabic, to give it consistency. This constitutes the dye. The preparation, or *mordant*, consists of a solution of ten or twelve grains of gallic acid in an ounce of diluted alcohol, (equal parts of alcohol and water), and is to be applied to the hair as soon as the other solution is dry. For a black color, the dye should be thoroughly applied, and if necessary more than once, but for a brown, one light application will be found sufficient. In some cases, this dye actually invigorates the hair, by imparting a stimulating and astringent effect to the scalp.—*Jour. App. Chem.*

“OIL STAINS IN MARBLE.—Can be generally removed by applying common clay saturated with benzole. If the grease has remained long enough it will have become acidulated, and may injure the polish, but the stains will be removed.—*Chem. and Drug.*”

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CASE OF ACUTE RHEUMATISM, CONVALESCENCE, RELAPSE AND DEATH.

Reported by EDWARD MONTGOMERY, M. D., St. Louis, Mo.

The following case is reported for the purpose of admonishing both the medical attendant and patient, as to the necessity for extreme care, caution and prudence, and the importance of continued attention to medical treatment and hygiene, during convalescence from an attack of acute rheumatism.

In this case there were no extraordinary signs of danger, and no portentous symptoms of warning. The young man was the picture of robust and perfect health. He had never been confined to his bed, even for a day, by any previous illness; had never been troubled with cough, hoarseness, dyspnoea, precordial oppression, palpitation, vertigo, or similar affection; and even in this attack the symptoms were not so grave, or so complicated, as to call for any extreme anxiety, or unwonted solicitude. On the other hand, convalescence seemed so complete, and the condition of the patient so apparently favorable, that we might very naturally relax strict therapeutic and hygienic rules without fear of any fatal relapse or unfavorable result; and it is for these reasons especially that I would call attention to this case, as a forcible illustration of the vital importance, of keeping a thorough medical surveillance over all cases of acute rheumatism until an entire, perfect and complete recovery has taken place.

Mr. B., the subject of this case, was a fine, healthy-looking, robust young man, 23 years of age, of a healthy family, and of temperate and industrious habits. He had never before been afflicted with rheumatism, and attributes this seizure to the exposure incident to coming home (about a mile) late every night after a hard days' work, as porter in a store.

He was seized with a chill, followed by fever and general malaise, on the night of the 6th of April; and on the evening of the next day, when I first visited him, I found him with a high fever, dry hot skin, quick bounding pulse, foul tongue, great thirst and restlessness, and complaining very much of pains all over, but especially at his wrist, elbow, ankle and knee joints, which I found swollen, somewhat red, and very tender. His bowels were rather constipated, and his urine high-colored, and emitting a strong acid odor. He did not complain of any particular pain about the region of the heart, nor was the action of that organ out of proportion to that of the pulse. The arterial impulse, however, was quite strong and rapid.

The following pills were ordered: *R_y*. Ext. belladonna, pulv. ipecac. aa gr ji, mass. pil. hydrarg. \mathfrak{z} ss, ext. colocynth. comp. \mathfrak{z} ss. Misce et ft. mass. et divid. in pil. xii. Three pills to be taken immediately, and the dose repeated every six hours until the bowels are freely evacuated.

The patient was also put upon the following alkaline mixture: *R_y*. Pulv. potassa nitrat. \mathfrak{z} ss, potassa bicarb. \mathfrak{z} j, tinct. digitalis \mathfrak{z} ss, infus. baccæ juniperi \mathfrak{z} vijss. A tablespoonful every three hours. Lemonade as a drink.

April 8, 9 A. M. The patient still suffering greatly; the joints are all very painful; is exceedingly restless, but the least movement causes great torture; in fact he screams out if I move him, or touch him at all roughly. He took six of the pills and they acted well. He took the fluid mixture also, but says "it did no good;" he sweated freely all night, but had no relief from the pains, and no sleep, which seems to annoy and vex him very much. He is now dry, hot, and very feverish; thirsty, irritable and querulous. The action of the heart and arteries still rather violent.

Ordered the fluid mixture to be continued, and the following anodyne embrocation to be freely and frequently applied over the inflamed joints: \mathcal{R} . Tinct. opii $\mathfrak{z}\text{ij}$, tinct. rad. aconit $\mathfrak{z}\text{j}$, aq. ammon. $\mathfrak{z}\text{ss}$, ol. cajeput $\mathfrak{z}\text{j}$. ol. oliva $\mathfrak{z}\text{iiij}$ —misce.

April 9, 8 A. M. Patient will not acknowledge that he is any better; his mother says he was a little quieter after each application of the liniment; his pulse is slower and softer, and the heart's action somewhat subdued. The skin is now covered with a heavy, clammy perspiration of rank odor; tongue still coated; bowels regular and urine more natural, but still impatient and fretful, and begs hard for something to make him sleep.

I ordered the alkaline mixture to be continued, but substituted half an ounce of the tinct. sem. colchici for the tinct. digitalis; also, prescribed fifteen drops Battley's sedative every two hours until relieved of the great pain. Lemonade and soda water *ad libitum*.

April 10, 9 A. M. I find him somewhat better; has slept a little from the effects of the sedative; the pulse is still too quick; he has great thirst, and is anxious and fretful, and complains greatly of the pains, and of lying so long and so constantly in one position, but is in dread of being turned or moved in the bed. The strong, rank, acid odor has in great measure left the sweat and urine, and the heart's action is natural.

April 11. Patient much better; slept half the night, although he only took twenty drops of Battley's sedative; can now turn on the bed, and the tenderness and swelling of the joints has greatly abated.

Ordered a teaspoonful of the bicarb. sodæ in a wineglass of infus. uvæ ursi, three times a day, and from twenty to sixty grains bromide of potassium, in divided doses during the night to promote sleep, or at least to allay nervous irritability.

April 11. Much better this morning; slept tolerably well without any opiate; thinks the bromide made him tranquil; can now take beef tea, chicken broth, and yolk of egg, beat up with a little Holland gin.

April 12. Still improving—pains all gone; only complains of weakness, and is still fearful of exercising his joints or muscles.

I advised the occasional use of the soda and *uvæ ursi*, and ordered the following pills: *R.* Quinia sulph. $\mathfrak{5ss}$, ferri ferrocyan. $\mathfrak{5ij}$, syr. simp. q. s. *Misce.* *Divid.* in pil. xxx. Three, night and morning.

Thinking my presence no longer necessary, I left my patient, telling him to take all his pills, also a dose of the soda and *uva ursi* twice a day, and report to me occasionally. Two days after, I was astonished to hear that my patient was walking around the neighborhood, as well as if nothing had occurred to interrupt his usual good health; but in four or five days more, I was hastily summoned to him, the messenger telling me that Mr. B. had relapsed, and was now worse than ever.

It was early in the morning, and I hastened to the house, and found him rolling and tossing in the bed, talking and shouting—perfectly delirious. His pulse was very rapid, hard and wiry; the skin moist, no abnormal contraction or dilatation of the pupils, and the conjunctivæ not injected. I learned that he had been out all day, had come home at ten o'clock at night, complaining of pains and fever, and saying that he had "got a relapse." He had eaten a hearty dinner, and had drunk some wine at different times during the day with his friends. His mother advised him to take a dose of castor oil, which he did, and retired to bed, and nothing more was known of him until the family were aroused about two o'clock in the morning by his delirious talking and shouting. I found that the oil had operated, so I ordered scarified cups to the nape of his neck and left breast, and prescribed five grains of the bromide of potassium every three hours, and one of the following powders between each dose of the bromide: *R.* Hydrarg. chlorid. mit. gr xx, pulv. potassæ nitrat. $\mathfrak{5j}$, pulv. pip. cubebæ $\mathfrak{5j}$.—*Misce.* *Divid.* in chart. vi. One powder every three hours.

I returned to the case about four hours after the application of the cups, and finding no amelioration of symptoms, took off the poultices, and applied a fly-blister to the nucha and left side of chest; the bromide and powders to be continued. He remained in the same noisy, restless, and delirious condition all that day and night, but next morning he became more quiet, but was very

weak. All other medicine was left off, and he was put upon the use of a solution of sesquicarbonate of ammonia mucilage. He soon began to sink. The great jactitation and noisy delirium gave place to a low typhoid state; his extremities became livid and cold; his pulse intermittent and very weak, and he died at ten P. M., just forty-eight hours after he came home complaining of a relapse.

His friends would not permit a post-mortem examination, and in absence of that, of course we are uncertain as to the exact pathological condition; but I think it is fairly presumable that the disease had suddenly invaded the mitral valves and endocardium, incited, no doubt, by the long day's exertion, and imprudence in eating and drinking, and that embolism resulted, thus accounting for the unexpected termination of the attack. The noisy delirium, followed by typhoid symptoms, might point to cerebral lesion, but nearly all writers on acute rheumatism agree in saying, that these brain symptoms are, as a general rule, but functional, and only secondary to structural disease within the chest.

But whatever was the final cause of the catastrophe in this case, there can be no question but that in all attacks of acute rheumatism the patient should be kept under strict medical surveillance for a considerable time after the commencement of convalescence, no matter how apparently satisfactory and complete the convalescence may appear.

This being the second case of the kind which I have seen prove fatal under almost identical circumstances, I am the more anxious to call the attention of the profession to the matter, in order to incite a watchful care and a more prolonged medication, with the view of averting such unfortunate results.

OPHTHALMIC MISCELLANIES.

BY WM. DICKINSON, M. D., ST. LOUIS, MO.

Mr. G. A. C., aged 30 years, while a resident of New Orleans, without assignable cause, so far as could be elicited from his own narrative, was attacked with epilepsy. The paroxysms, by reg-

ular gradation during the first six months, attained a climax of frequency and severity; after which they declined in both these respects, and ultimately ceased entirely, after having persisted for a period of twenty months from the date of the first attack.

The mental faculties suffered no observable detriment; but not so happily escaped some of the organs of special sense. In the right eye, vision was totally destroyed without injury of any of the parts composing the organ anterior to its fundus. The left eye also suffered severely from extensive corneal inflammation and ulceration. Super-added to these affections were, 1st: comparative insensibility—almost total—of the integument of the left forehead and parts continuous therewith, and 2d, almost entire loss of the power of speech. For these several complications, grave in themselves and grave in the character of the lesions of which these signs were the faithful exponents, he was treated with great benefit in the Charity Hospital. One year later having returned to St. Louis, he applied for treatment for an attack of acute corneitis.

Present appearances:—

Unfortunately, no record of the ophthalmoscopic phenomena was made. The external aspect of the right eye, including the globe and appendages, was entirely normal. When, however, the left eye was fixed upon an object directly in front, the right assumed the position of slight external strabismus. The dioptric media in it still retained their normal condition, but the sense of vision was totally extinguished.

The left eye presented a large ulcer of the cornea, nearly central. Its history and appearance were of especial ill-omen, exciting serious apprehension of speedy perforation. The adjacent portions of the cornea were nebulous in a high degree, but diminishing in density towards the circumference, at which the cornea was quite transparent. Hypopyon also existed to some extent, and aggravated the significance of the concomitant symptoms; and, as would naturally be expected, a considerable degree of photophobia was present. The pupil sluggishly responded to the instillation of atropine.

It should be remarked in reference to the organ and faculty

of speech, that the tongue, when protruded, suffered no deviation from a right line; and the power of articulation, which had been so seriously impaired, was now nearly restored, though an indistinct utterance and a hesitating manner were still very observable.

Concurrent with these symptoms was comparative insensibility of the conjunctiva; also, of the integument of the upper eye-lid and of the forehead, as has before been stated: and in general of all those portions which are supplied by the frontal branch of the ophthalmic division of the tri-geminus. This condition of the conjunctiva was manifested by the insignificant amount of pain experienced under the employment of stimulant applications to the ulcer, while that of the integument was strikingly demonstrated during the passage of an electrode from one side of the forehead to the other. With a certain degree of intensity it was scarcely tolerated on the right side, but as soon as it had passed the median-vertical line it was borne without the least inconvenience whatever, the sensation imparted being that of flannel interposed between the electrode and the skin.

Constitutional and local treatment, judiciously employed, secured the absorption of pus in the anterior chamber, arrested the ravages of the corneal ulcer, and in due time accomplished its cure by granulation; but in its site a dense leucoma remained. And though the circumferential zone of the cornea, not implicated, regained a good degree of transparency, it availed naught for useful vision, inasmuch as the large leucoma referred to, was of such dimensions as effectually to obstruct *direct* vision throughout the entire area of the imperfectly expanded pupil. Yet through the dilated pupil thus obstructed, at large angles with the ocular axis, vague and confused images of objects could be perceived; but the rods and bulbs of the retina thus impressed were so remote from the macula lutea and so near the ora-serrata, that the resulting perception fell far short of that degree of vision which could properly be denominated useful.

We have now synthetically elaborated the following summary, viz: 1st. The existence of a transparent portion of the cornea, of considerable extent, and also of an anterior chamber; these are known by inspection; and, 2d: The integrity of the lens and

vitreous body ; also the integrity of the receptive and conducting power of the retina, Jacob's membrane, optic nerve, &c.—in brief, the visual circle—except the anterior tunic of the organ; *these* are demonstrable by subjective signs. From these data the diagnosis is authorized that the power of vision remains, but that its exercise through the natural channel is prevented by a physical impediment. Removal of this obstruction would of course restore vision ; but this is impossible. Surgical art can yet avail in utilizing some portion of the cornea still transparent, either, 1st: by dislocation of the natural pupil to a position directly behind it, by the operation termed Iriddesis, thus leaving the pupillary margin free; or, 2d, by the complete excision of that part of the iris, constituting the operation of Iridectomy. In the case under consideration the latter was recommended and performed, as follows, viz :

The patient being in a recumbent position was first chloroformed, and a wire speculum then introduced to secure separation of the eyelids. The site selected for the operation for artificial pupil was in the equator on the nasal side of the leucoma ; because here was found the widest zone of most transparent cornea. The position taken was at the right and nearly in front of the patient. With the right hand armed with a pair of toothed forceps, of rather large size, the conjunctiva and subjacent areolar tissue was seized at a point opposite the point selected for operation. By this means the globe is firmly supported during the subsequent manipulations.

With a broad needle held by the left hand in a direction a little inclined to the radius of the point selected, a puncture was made through the sclerotica one line posterior to and parallel with the corneal border. As soon as its point was perceived in the anterior chamber, the handle of the instrument was depressed, and the blade then, in a plane parallel to that of the iris, pushed firmly but carefully forward, till an incision of the extent of two or two and a half inches was obtained ; a slight movement of the point alternately upward and downward easily secured for it the same length on the inner aspect of the cornea.

The needle was then carefully withdrawn. Prolapse of the iris

in like cases, to a greater or less extent, usually follows this withdrawal, in consequence of the equilibrium of intra-ocular pressure being removed at this point. Prolapse occurred at this time; and without replacing it a small blunt hook was introduced through the puncture and carried forward to the pupillary margin, engaged in it, and carefully withdrawn. An assistant, then, with curved scissors excised, as directed, such a portion as would secure a pupil of medium size in average intensities of light. The operation was then completed. Gentle pressure upon the cornea expressed a drop of blood which had escaped into the anterior chamber. The speculum was then removed; the lids closed, and a cold water compress applied and continued persistently for two or three days. No pain nor inflammation was experienced. Inspection on the third day assured the fact that the operation had been entirely successful, and that the artificial pupil was all that could be desired. The access of an unaccustomed amount of light through it at first occasioned slight photophobia. The hour of the day by the watch was now readily distinguished, and in the short period of a week he came alone to my office "seeing" and able to read readily fine script in a letter just received. In ten days he was seeking employment, and in two weeks he returned to his former vocation—that of silver plater, where he continued at last advices.

In view of this case and those of similar character, a few practical suggestions, addressed to young surgeons, and to be observed at certain critical stages of the operation, will not be deemed superfluous; in regard to,

1st. The nature of the tissues implicated:

Consider that upon you, now, devolves the responsibility of solving, by a single act, a problem of vast moment to your patient; the solution of which, in an important degree, will determine his future. The operation resulting in failure may induce such physical or anatomical changes as shall wholly forbid repetition. This problem is the restoration of vision, either seriously impaired or practically lost; not a restoration partial merely, but a restoration to the highest degree possible under the conditions presented. You should therefore approach it with an intimate

knowledge of the nature and mutual relations of the tissues involved, viz: the cornea, and the iris; their extreme delicacy; the irritable nature of the iris; the disposition of both to resent by quick inflammation violent handling, even that degree of violence inseparable from the due performance of the operation; also with a full appreciation of the lesions which each have sustained, and a quick apprehension of the manner in which the present abnormal elements may be so modified as to conspire to the end contemplated.

2d. Selection of site for operation :

In capital operations, the deviation of half an inch on either side of the best advised line, or faulty direction of the knife may be unimportant, in effecting the final result. Not so in ophthalmic surgery: the site improperly selected by the fractional part of an inch or the mal-direction of the needle during the operation, may compromise the success hoped for, and consign to perpetual darkness him who was entitled to sight, and would have obtained it, but for the inexperience, inattention to details, (the importance of which I cannot exaggerate,) or the inexcusable rudeness or carelessness of the operator.

If you are ambi-dexter, you are happily endowed with two-fold facilities for availing yourself of certain positions of your patient with reference to the light, and also, in aiding you in the better election of the place for operation, both of which are no inconsiderable factors in contributing to the desired result.

As perfect vision, including both sharpness and range, is attained only when the line joining the centre of the normal pupil and the apex of the cornea, nearly corresponds with the antero-posterior axis of the globe; so with every deviation from this correspondence, whether in the horizontal or the vertical direction or in a direction midway between them, there will result positive diminution of normal vision; and this diminution is directly proportional to the degree of deviation. Hence, next to the natural position, the most useful vision will be secured by making the artificial pupil in a line of the iris corresponding with the equator of the globe; and by preference upon the nasal rather than upon the temporal side of the central corneal opacity.

As to the comparative utility of a pupil in the directions downward and outward or downward and inward (with reference to the situation of the natural pupil), ophthalmologists are not agreed: either may, therefore, with propriety be adopted when they are at our option. A pupil made inferiorly will in most instances be followed by excellent results; but in some, the range of vision will be somewhat obstructed by the interposition of the lower lid. In fine, *cæteris paribus*, that locality will permit the largest range and the most useful vision in which the artificial pupil lies behind the broadest zone, crescent or portion of transparent cornea.

The precise point of puncture is worthy of a moment's consideration:

If the site of the contemplated pupil be in the equator, the point of puncture may be selected one line posterior or one line anterior to the margin [of the cornea, or at any point between them, the same to be determined according to the breadth of transparent cornea. If this be wide it may be made more anteriorly, since no regard to economy of space is required; if, on the other hand, it be narrow, then the puncture should be made as far posteriorly as practicable, in order that the margin of the resulting pupil may be as near the ciliary border as possible. Should effusion of a little blood occur and the progress of the operation be embarrassed, gentle pressure upon the cornea will expel it from the anterior chamber, and if it be coagulated it may be readily removed by a blunt hook or forceps; or should a little remain its presence is harmless, and will be absorbed in a few days.

Though embarrassment from this cause is more liable to occur when the puncture is made in the sclerotica, yet it is my experience that a less degree of local inflammation is thus excited, and that the union will take place more speedily than when made in the cornea. By this mode it is certain that we more perfectly avoid the production of that suffusion and haziness of the cornea which universally succeeds all punctures or incisions in this tunic; and which sometimes occurs to such a degree as almost to nullify the ultimate utility of an operation, which, at its completion, presented all the elements of complete success.

3d. Mode of making the puncture:

The globe is to be supported in the manner above mentioned. This has been in part incidentally indicated in the description of the operation performed. The keratome, broad needle and Beer's cataract knife are the instruments best adapted for this purpose. It has been enjoined that the needle during its passage into the anterior chamber should be held in a direction approaching that of the ocular radius.

Much of the success of the operation depends upon the direction and extent, as well as site of the puncture. Results however perfectly attained in other stages of the operation can never compensate for faulty manipulation in these respects.

If, for example, as in the case before us, the puncture through the cornea (the same is true of the sclerotica but in a less degree) on the nasal side of the leucoma be attempted, with the instrument held in a plane nearly or quite parallel with that of the natural position of the iris, the point of issue in the membrane of Descemet will not be directly opposite to that of entrance, but, on account of the lamellated structure of the tissue, the point of the needle will insidiously incline to pursue the direction of the severai laminae of which it is composed: consequently it will be directed forward, and ultimately reach the anterior chamber through a long valvular tract, at a point far in advance of the point of entrance. Such an accident, if the portion of the transparent cornea be small, will prove disastrous to the production of those beneficial results of which the case was capable, or more probably, forever assure that condition which till now was only problematical. For it will be extremely difficult, if not absolutely impossible, through such an aperture, to reach the iris with forceps or hook, with a view to its excision, without bruising or lacerating the walls of the puncture, and thereby almost inevitably inducing inflammation and lymphatic effusion, destructive of transparency considerably beyond the opacity which always results from corneal wounds.

And again the promised benefits will be compromised in another way, especially if the leucoma be large; for the line of aperture in the membrane of Descemet will determine the limit of the

resulting pupil on the side of the globe upon which the puncture is made,—in this case the nasal side,—while the nasal edge of the leucoma will practically limit the diameter of the pupil on the other side. Thus the portion of transparent cornea best adapted for securing the best results, already small, has been ruthlessly sacrificed. No attempt to remedy these errors by repeating the operation in the proper manner can avail; for whatever has been done, has been done irrevocably; irreparable injury has been inflicted, and an ineradicable cicatrix will remain, an eloquent testimonial of surgical mis-feasance. Having been consulted by many persons who have been made martyrs of the knife in the manner indicated, I make no apology for the minuteness and emphasis with which I have insisted upon the observance of these simple precautions.

4th. Excision of a portion of the iris.

We will now suppose the puncture to have been duly made, the blunt hook carefully introduced, if possible avoiding contact with the capsule of the lens; then engaged in the pupillary margin, rotated to the extent of one-quarter or one-half of a revolution to facilitate its withdrawal and the whole gently withdrawn. A pair of forceps, plain or toothed, may be employed instead of the hook if preferred. Next follows the final act of this stage of the operation, viz: abscission of the iris, i. e. iridectomy. It is only important now to caution against the abscission of too large a portion of the iris still held by the hook or forceps. Simply remove only so much as shall secure for the resulting pupil a dimension equal to that of the natural pupil when exposed to light of average intensity. An intelligent assistant under the direction of the surgeon will perform this part of the operation by a pair of curved scissors; for the right hand of the surgeon, as at first, is still engaged in steadying the globe, and the left has performed the other parts of the operation. The portions of the iris still extruded may with a small spatula be returned to its natural position; or, if from the first it be not *proposed* to replace this portion, then the dimension of the prospective pupil may be determined by the portion withdrawn. A ligature passed around this portion of the iris (iridesis) will prevent spontaneous

return to the aqueous chamber; or it may be excised and the portion of the iris still engaged in the lips of the puncture may be permitted to remain without in any degree jeopardizing the result. In the former case the ligature, if it does not of itself become detached in a day or two, may be removed.

5th. Subsequent treatment:

The operation completed, the forceps with which the globe has received constant support, and the speculum are to be carefully removed; the blood also, fluid or coagulated, if any be effused, the lid closed, and light compresses saturated with cold water are to be kept constantly applied to it for two or three days or so long as there may be reason to apprehend consequent inflammation. Should this occur—which, however, under this simple regimen, has never in my experience happened—the usual antiphlogistic treatment is to be pursued. Absolute rest, so far as is consistent with due regulation of the bowels, must for several days be faithfully observed. The access of light to the retina long deprived of its natural stimulus, must be cautiously allowed and be intelligently graduated to its ability to tolerate it.

630 LOCUST STREET.

ENCYSTED TUMOR OF THE VAGINA,
MISTAKEN FOR PROCIDENTIA UTERI.

Reported by PERCY C. H. ROONEY, M. D., St. Louis, Mo.

Encysted tumors, although more common than fibrous, are not frequently found in the vagina. They are, however, sometimes met with here, as well as in the labia externa, and this fact should always prompt the intelligent practitioner to make sufficient examination, in all cases of vaginal tumor, to determine accurately the true character of the lesion.

As is well known, the mucous membrane of the vagina is supplied with small follicles, which in the normal healthy condition of the parts, secrete a bland fluid, for the lubrication of the vaginal canal; when in a state of inflammation they pour out the whitish fluid which constitutes vaginal leucorrhœa or “the whites.”

The received pathology of encysted tumors of the vagina, is, that they are formed from, or consist of, enlargements of these follicles, and that the enlargement of the follicles is a consequence of the obstruction, from some cause, of their orifices.

Encysted tumors have received different names, as atheromatous, melicerous or steatomatous, according to the nature of their contents, and for this reason are sometimes spoken of or described as different varieties of encysted tumors. The inconveniences or annoyances they produce are generally dependent on their size and the pressure they exert on surrounding parts. They may thus give rise to difficulty and pain in sexual intercourse and in the performance of other functions, and may interfere with the process of parturition. The encysted tumor is usually soft and elastic, is movable, and with careful manipulation, fluctuation may often be detected. In regard to the diagnosis of these tumors, Dr. Graily Hewitt says, "they could hardly be confounded with anything else."

The following case, although possessing in itself no points of unusual or extraordinary interest, is presented as an illustration of the importance, and I may say the *necessity* of a careful examination, in order that we may make an intelligent diagnosis in cases of this character :

Mrs. W., aged 32 years, married, the mother of six children—the youngest ten months old—consulted me for procidentia uteri. She had been examined, she said, by *two physicians* of this city, *both of whom said "her womb was down."* The last of these had given her an instrument (a hard globular pessary) to wear, which, however, she had only worn one day, as she was unable to endure the pain it produced. Upon digital examination, I found on the posterior wall of the vagina a globular tumor, the size of a goose egg, which upon coughing and during attempts at defecation protruded from the vagina. It was, unquestionably, an encysted tumor; indeed, the evidences were so unmistakable, that the only wonder with me was, how it could have been "confounded with anything else."

There are two modes of treating these tumors: one by excision, and the other by evacuating their contents. I made a free

incision, from which there escaped nearly two wineglassesful of melicerous fluid, and then ordered the vagina to be injected twice daily with castile-soap and water.

To remove the constipation under which she was laboring I ordered the following: *Ry. Pulv. rhei, ʒijss, ferri sulph., ʒj, saponis, ʒiss. Misce, et cum aquâ fiat massa in pil. xx dividenda. Two or three, as required, to be taken at bed time, with ten drops, three times daily, of Ry. Tr. nucis vomicæ ʒj.*

It is now about three months since I opened the tumor, and there has been no return of it; the sac appears to be entirely obliterated, and her bowels are now moved regularly, at least once each day. I regard *tr. nucis vom.* as an excellent remedy in the constipation of females, as it seems expressly to excite peristaltic action, the want of which is very frequently the cause of the constipation.

FLUID EXTRACT OF FROSTWORTH.

By HUBERT PRIMM, Ph. D., Prof. Practical Pharmacy, St. Louis
College of Pharmacy.

I herewith submit for the use of the profession, a formula for the preparation of a fluid extract of frostworth. The decoction, as prepared in domestic practice, is apt to decompose rapidly, and as a matter of convenience, a properly prepared fluid extract of this valuable indigenous plant would be of service, as it would afford those who may have occasion to use this remedy, a ready way to prepare the decoction in small quantities, without much labor or loss of time.

The formula is as follows:

<i>Ry.</i>	Frostworth leaves,	16 oz troy,
	Alcohol,	16 fluid oz,
	Water,	a sufficient quantity,
	Sugar,	8 oz troy.

Reduce the frostworth to a coarse powder, and macerate them in a covered vessel for eight hours, with 12 fluid ounces of the alcohol. Transfer to a suitable apparatus for displacement, and when the liquid has ceased to flow, mix the balance of the alcohol with 4 fluid ounces of water, and gradually add them to the mass

in the percolator until the liquid displaced measures 12 fluid ounces, which liquid should be, by aid of a water bath, evaporated to 4 fluid ounces.

The marc remaining in the percolator should then be treated with one pint of cold water by maceration for twelve hours, and subjected to strong pressure until one pint of liquid is obtained, which should be evaporated to 8 fluid ounces and mixed with four fluid ounces previously obtained, and the sugar dissolved in them by agitation.

The fluid extract thus made has the characteristic properties of the plant, and the dose is readily adjusted, as every fluid ounce represents a troy ounce of the drug from which it is made.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS PATHOLOGICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives by S. C. BALDWIN, M. D., Recording Secretary.

MELANOTIC TUMOR OF THE EYE.

Dr. Kueckelhan reported the following case:—

At his instance, Dr. Pope had extirpated an eye, on account of what seemed to be a melanotic growth, affecting, or connected with the cornea, but not the sclerotic. The tumor was lobulated, and had somewhat the appearance of a rubber bag, being of a dark or ashy color, and was also corrugated, in consequence of the laceration or rupture of an outer, thin, filamentous covering. Upon microscopic examination, the tumor was found to consist of a delicate stroma, containing cells having one or more nuclei and pigment granules. It could not be positively decided whether the cornea was implicated in the disease or not. The other parts appeared normal, with the exception of a slight hardening of the lens, but without any opacity.

Dr. Hammer had seen several instances in which pathological growths covering the cornea or concealing it from view, did not

implicate the deeper layers, and narrated a case in which he had removed a warty, nipple-like excrescence, in which the deeper tissues were not involved.

SUB-LINGUAL SALIVARY CALCULI.

Dr. Hammer reported that he lately had sent to him, from a medical gentleman of Washington County, a concretion found in the sub-lingual duct, between the tongue and the ramus of the jaw. It was nearly the size of a nutmeg, and was composed of phosphate of lime and other substances found in the saliva. He remarked that similar calculi were sometimes found in Wharton's duct, and thought their process of formation exactly similar to that of a stone in the bladder.

Dr. Maughs suggested the possibility of the centre or nucleus being of foreign origin; or it might have been of an intrinsic character, the result of catarrhal inflammation.

Dr. Hammer thought the latter origin was the more probable; that a mucous flocculus, where crystalizable salts are held in solution, as in catarrh of the bladder, was often the nucleus of a calculus.

ERYSIPELAS.

Dr. Heyer reported a case of erysipelas, consequent to hemorrhoids, affecting the nates, and extending, on one side, as far as the knee. The disease had been rebellious to every variety of treatment ordinarily recommended.

Dr. Watters said that he usually paid but little attention to the local manifestations of erysipelas, but treated the constitutional diathesis. Dr. Dean thought that the great benefit was derived from local applications, in conjunction with constitutional treatment. He suggested the use of bromine and bromide of potassium as a local application in cases such as now reported.

Dr. Hammer stated that it was positively determined that, as in case of a scald or burn of similar extent, when the disease spreads over one-third of the body, and thereby destroys the function of so large a portion of the cutaneous surface, the patient dies. He should, therefore, not only treat the diathesis, but by all means endeavor to arrest the spread of its local manifestation.

Dr. Heyer said that he was doubtful as to whether erysipelas

was an inflammation or not, and thought that it was more properly a congestion merely. Some varieties are exactly similar to the poisoning from certain plants. The majority of practitioners in Europe are no longer solicitous about the condition of the system. The indications are, certainly, to relieve the irritation and congestion of the vessels; and with the view of effecting this, a mixture of equal parts of collodion and tr. ferri chlor. had been advised and successfully used.

TUBERCULOSIS.

Dr. Hammer reported an interesting post-mortem examination which had recently been made at the City Hospital. The subject had been of a tuberculous diathesis, and had tuberculous concretions in his lungs, and also in other organs. He would call the attention of the Society to the fact that some time ago, he here stated, that the true tubercle was very small when occurring in any part except the brain, but that in this situation it was frequently quite large. This case was a beautiful confirmation of this fact, a tubercular concretion being found at the base of the brain, near the pons varolii, so large as to form quite a tumor; being about the size of a pigeon's egg. He had not noticed any cerebral symptoms in the case.

Dr. Maughs referred to the alleged connection between the cerebellum and the reproductive function, stating that such did exist, notwithstanding the disbelief in the phrenological doctrines of Gall, and contrary to the opinion of Sir William Hamilton; he related a case occurring in his own sphere of observation, confirming this view.

ORBITAL TUMOR.

Dr. Hammer reported a case of a tumor of the orbit, on which he had recently operated. The tumor protruded from the external angle of the eye, overlapping the eye-ball, being covered by the conjunctiva, which presented a nearly normal appearance. It looked very much like the "palpebræ nictitans" of animals. It was difficult to tell whether it was a lachrymal gland dislocated by hypertrophy or a fibrous tumor. He did not regard it as malignant. He had, as yet, made no microscopic examination of it, but would do so and report the result at a future meeting. The patient has been doing well since the operation.

ST. LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives, by G. HURT, M. D., Acting Secretary.

HYDATIFORM MOLE.

Dr. Cooper reported an interesting case of this peculiar intra-uterine growth. When first seen, the case was supposed to be one of threatened abortion, with profuse hemorrhage, at about the fourth or fifth month. Upon examination, the vagina was found occluded by a mass of gelatiniform cystic formations, part of which were immediately removed, and on a second visit, a few hours later, he succeeded in removing the remainder, and with them a firm mass, having somewhat the consistence of a placenta. The patient made a good recovery.

RUPTURE OF VAGINA.

Dr. M. A. Pallen reported a case of what had been supposed to be uterine hemorrhage, and which had been arrested by the use of the tampon. Upon subsequent examination with the speculum it was found that the hemorrhage had not resulted from the uterus, but from a rupture in the wall of the vagina, extending from the right side, near the os uteri, into the posterior cul-de-sac. The lady attributed the accident to a sudden effort, while much excited, to lift her infant, which had received a serious fall. He proposed keeping the edges of the rent in apposition by the introduction of stitches or sutures.

Dr. Wolf mentioned a case of rupture of the vagina, which had occurred in his practice, the particulars of which he would report at some other time.

SUN-STROKE.

Dr. Whitehill said, that as a matter of immediate practical interest and importance, he would suggest for the consideration of the Society the subject of sun-stroke. It was evident, he thought, that affections etiologically and pathologically distinct and different had been comprehended under the term sun-stroke

or insolation, and, as a natural consequence, there seemed to be no inconsiderable diversity of opinion among the profession, as to the character of the lesion in such cases, and as a consequence, as to indications for treatment. Writers generally describe at least three different varieties of forms of the affection: a congestive form—a sort of congestive apoplexy, in which both the character of the attack, and nature and appearance of the lesions after death, all denote a true apoplexy; an exhaustive form, in which the vital forces seem suddenly prostrated or overpowered, the circulation fails, and fatal syncope supervenes; and another form or variety, and by far the most common, in which there are unmistakable evidences of a combination of the two preceding conditions.

During his military experience, he had seen a large number of cases of sun-stroke—not less than fifty cases in a single twenty-four hours during a forced march in 1863—and in all the cases that had come under his observation there was unquestionable, and unmistakable evidences of a combination of exhaustion and apoplectic congestion. Most of the cases which he had seen, had occurred during the march and under the direct rays of the sun; a few of them after the men had bivouacked for the night. He himself had had two slight attacks; one during the night following the most fatiguing and exhausting labors incident to the march referred to, and one about noon the next day, and he had never since been able to endure exposure to the direct rays of the sun at high temperature, without unpleasant effects.

The treatment found most successful, was cold to the head and chest, friction of the extremities, and the internal administration of stimulants, such as brandy and ammonia. In his own case the nausea and vomiting were relieved by full draughts of strong green tea and Rhenish wine. In all cases a most important part of the treatment, was to place the patient in the recumbent position in the shade, where there was a free circulation of fresh air, and at the same time disencumber him of everything that could in any wise interfere with either circulation or respiration. Under this treatment every case had recovered. The details of the treatment were of course varied to meet the indications.

He believed the attack rarely, if ever, occurs without premonitory symptoms; and these, he thought, were frequently, if not generally, sufficient to enable the individual to ward off, or guard against the attack, did he comprehend their import or significance.

The attack is almost invariably preceded by more or less pain in the head, and generally a sense of weight and fullness, which is frequently circumscribed and confined to the top of the head. Quickly following this, there is a feeling of weakness, sometimes with a sense of constriction of the throat and chest—at times as of impending suffocation—at others an uneasy, epigastric faintness or oppression, vertigo, dimmed or impaired vision, with or without dilatation of the pupils, and finally insensibility, coma or syncope,—occasionally convulsions,—and if unrelieved, death. Sometimes objects appear surrounded with a sort of halo, or they may assume an uniform color, or all may become a blank. The character both of the circulation and respiration varies in different forms of the affection and in different cases—as, indeed, do most of the symptoms. He had seen cases in which it was exceedingly difficult to decide, from the symptoms alone, whether the individual was suffering from sunstroke or alcoholism, and both are not unfrequently met with in the same individual.

The best prophylactic he had found was a hat with free ventilation, with a handkerchief or sponge, moistened with water, placed in the crown of it. Soldiers on marches had found green leaves or fresh grass thus placed an excellent prophylactic.

Dr. W. said he had never had the opportunity of making a post-mortem examination in case of death from sun-stroke, and therefore his knowledge of the affection was deduced from a study of the rational symptoms, and the result of practical experience. The remarks he had made, were with the object of eliciting the opinions and experience of other members of the Society and who had enjoyed more ample opportunities of studying its pathology.

Dr. Watters said that although the disease was called sun-stroke it really depended more on the condition of the patient than on the degree of heat to which he was exposed. We were too much in the habit of regarding disease as the result of a single cause.

This disease was more a loss of harmony in the functions of the different organs, or a failure of coördination of the vital forces. We did not regulate our diet in accordance with the season of the year and temperature; we consumed as food too much carbonaceous aliment. As corroborative of this he called attention to the rarity of sun-stroke in southern and tropical climates, where the heat was much more intense. But the residents of such climates were, he said, much more rational in their modes of life; they ate less fat meats and carbonaceous food, and lived far more on vegetable diet. The blood in sun-stroke was in a de-oxydised condition—there was an excess of carbon, and the indications were to introduce more oxygen into the system. He was opposed to the use of alcoholic stimulants, as by their use we introduce additional carbonaceous matter—the very thing it was desirable to get rid of. He would suggest the administration of oxygen in the form of nitrous oxide gas—the deutoxide of nitrogen—in use by the dentists. Neither would he recommend the indiscriminate use of cold; he would expect benefit from the use of the hot bath, thereby inviting the circulation to the surface and relieving the congestion of the vital centres.

Dr. M. A. Pallen could not concur with Dr. Watters in his views of treatment. He thought the oxygen administered as suggested, would only increase the quantity of carbonic acid, which was already in excess.

In his experience those most liable to sun-stroke were laborers and hard drinkers, and it rarely occurred in those who were full fed. He would treat such cases with brandy and ammonia internally, and with the cold douche on the head and chest. Dr. Thomas O'Reilly, with whom he had seen several cases, had considerable experience in treating sun-stroke, and successfully, and this was the treatment he adopted, using in addition large doses of calomel.

Dr. Wm. Johnston said that Solly, in his Treatise on Rural Chemistry, asserts that by a high degree of heat the atmosphere becomes so rarefied that the volume of it which the lung has capacity to receive does not contain sufficient oxygen to depurate and vivify the blood. It is evident, if this is the case,

that, by a continued high temperature, there must be a continued accumulation of carbonaceous matters—a continued de-oxidation of the blood—and as it requires some ten or fifteen days of continuous hot weather to produce sun-stroke, this would seem to prove that the condition or affection known as sun-stroke was the result of a poisoning of the blood, which it required the continuous action of heat to produce. Dr. Watters' assertion, that immunity from sun-stroke in southern and tropical climates was because the residents of such climates ate less carbonaceous food, or that it was in anywise attributable to their diet, was, he thought, unsupported by facts. In taking this position, Dr. Watters adopts Liebig's theory of the uses of fats in the economy, a theory he thought unquestionably disproved by more recent investigations, and the fact, to which attention is called by Chambers, in his work on the Indigestions, that all races,—alike the tropical Hindoo and the arctic Esquimaux,—require and seek after them. But as a more familiar illustration, he would call attention to the fact, that notwithstanding the food of the "field hand" in the South (at least in former days), was corn bread and fat meat, it was well known that the negro thus fed could labor all day under the hottest sun. It was a fact, however, that sun-stroke rarely occurred (comparatively) in southern and tropical climates; the cause of which was, he thought, that the necessary *degree of heat* was not *sufficiently prolonged* to produce it; the heat was more prolonged, but not so intense.

He thought the remedy proposed by Dr. Watters would be a good one if it could be used with safety. At the same time, a purgative dose of calomel might be given with advantage in many cases.

Dr. Boisliniere said—"Mr. President: While Coroner of St. Louis County, several years ago, I had a good opportunity to study the pathology of sun-stroke. I examined one hundred and fifteen subjects who had died from the affection, and made forty post mortem examinations.

The *external appearances* were, marked lividity of the skin. The neck and upper anterior part of the chest, soon after death, became a livid purple; the abdomen was tympanitic; an abund-

ant, thick, frothy mucus, sometimes bloody, issued from the mouth and nostrils, the flow of which could be much increased by pressure upon the chest.

The *lungs* were always found much congested and œdematous, and the air-cells were filled with the bloody mucus, which oozed out freely wherever the lung was cut into.

The right side of the *heart* and pulmonary artery in every instance contained black uncoagulated blood; the left side of the heart was generally empty.

The substance of *brain* was free from congestion, but the sinuses and superior cerebral veins were full of dark fluid blood. The ventricles occasionally contained more serum than usual. An opalescent effusion of non-coagulated lymph was occasionally found under the membranes of the brain, this occurring most frequently in old inebriates, the most frequent victims to sun-stroke.

The *liver* and *spleen*, were, as a rule, enlarged, and the spleen softened, and the *abdomen* distended with foetid gases.

These post-mortem results coincide, I believe, with those found by Andral, Gerhard, Levick and others.

The use of the term sun-stroke—the translation of *coup de soleil*—is, I think, unfortunate, as it conveys the impression that the disease occurs only under exposure to the rays or direct heat of the sun, when, in fact, nearly one-half of the cases I have met with occurred in the shade, but in close, illy-ventilated apartments filled with hot rarefied air. The term heat-exhaustion or heat-asphyxia would convey a more correct idea of the disease. I however admit with Dr. Whitehill, that there are cases of true insolation—an apoplectiform congestion—the result of the direct action of the solar rays on the head; but, as Dr. M. M. Pallen remarked several years ago, while discussing this question in this Society, these cases of real insolation seem most frequent among children, and in them, as in adults, present the usual symptoms of acute cerebritis or meningitis.

The symptoms of sun-stroke (I shall retain the name, although under protest) are unconsciousness, labored respiration and extreme prostration. The pulse is usually feeble and rapid; the pupils may be either dilated or normal. These symptoms are

frequently preceded by vertigo, thirst, and a confused perception of colors, and accompanied by extreme dryness of the skin. To these symptoms may be added offensive diarrhœa, sometimes so profuse and so little under the control of the patient, that I have seen cases mistaken for cholera; in sun-stroke, however, the evacuations are bilious. I have several times seen death preceded by convulsions.

As to the pathology of the disease, I believe it may be considered as the result of a paralysis of the sympathetic nervous system. The vaso-motor nerves having lost their tonicity, the characteristic venous congestions are a natural sequence; and the paralysis is the result of a depraved condition, the non-oxydation, or venosity of the blood.

Dr. Wm. Johnston has said, and I think correctly, that it took some days to produce this condition of the blood; hence sun-stroke occurs only after a prolonged temperature of 90° or over. With a temperature less than this we seldom have sun-stroke, but if we have a long continued temperature approximating this, say of 85° or upward, we have the other diseases caused by an excess of hydro-carbon in the blood, the bilious fevers, dysentery, &c., and sometimes, even in St. Louis, yellow fever, of which I some years ago saw several non-imported cases.

The *predisposing causes* of sun-stroke are a bilious condition of the system, habitual excessive use of alcoholic drink, prolonged muscular exertion in a close, hot room, from which, and a want of sufficient oxygen in the rarefied air to depurate the blood, the circulation becomes loaded with the products of the retrograde metamorphosis of the tissues; and, I may add, a loaded state of the stomach, as I have seen several cases occur after hearty meals, the distension of the stomach evidently interfering with the capacity of the lungs to expand.

The *treatment* which I have adopted is very similar to that presented by Dr. M. A. Pallen. Instead, however, of the carbonate of ammonia, I use in preference the liquid ammonia, the spiritus ammonia aromaticus for example, or the simple spirits (spirits of hartshorn), of which latter I give eight drop doses every fifteen minutes in some water, hoping thus that by combination with some

of the excess of carbonic acid in the blood it may be converted into carbonate of ammonia and eliminated by the kidneys.

As regards the use of nitrous oxide gas, as suggested by Dr. Watters, for the purpose of supplying more oxygen to the super-carbonized blood, I object to it. The idea of supplying more oxygen is a good one, but the nitrous oxide does not meet the indication. Although the gas contains twice as much oxygen as atmospheric air, it is in a state of *chemical combination* with the *nitrogen*, and not a *simple mixture* as in the atmosphere. It is a non-respirable gas, a sort of metal, the protoxide of nitrogen, and will no more yield its oxygen to the lungs, and serve to vitalize the blood than would the oxide of iron. The use of it by the dentists is, in my opinion, extremely objectionable. I have seen very dangerous and nearly fatal consequences follow its use, and in one of the meetings of the Dental Association, held in this city, three or four years ago, several deaths from it were reported by one of the delegates. Some of the members endeavored to explain away these deaths, but they are a matter of record. It is safe enough to keep one's head under water a minute or two, or even a little longer, as the pearl fishers acquire the habit of doing, but beyond this you would be drowned. You may thus breathe a non-respirable gas during a minute or two, but by inhaling it, and with it, over and over again, the carbonic acid gas exhaled from your lungs, as you must do while your mouth is on the dentist's bag, you will become slowly asphyxiated, and while struggling for a little pure air, a smart operator will extract three or four of your teeth, before you have recovered from your condition of partial asphyxia. This is the whole process, and it no more oxydises the blood, than you would do by thrusting your head into a sack of iron rust. I think Dr. Watters' suggestion a valuable one, but I have assigned to you chemical reasons, why we must look for the means of carrying it into effect, otherwise than by the use of the nitrous oxide.

In the treatment of sunstroke, mercurials should be resorted to as early as practicable, and during convalescence, great caution should be used in venturing out in the sun, as was experienced by Dr. Whitehill in his own case.

To keep clear of bile is the best preventive of sun-stroke and all summer complaints.

During a severe season of sun-stroke—a sort of epidemic that occurred several years ago—the lamented Dr. Leavenworth, Dr. Alleyne and myself were very busy among the poor laborers of this city, and found that, in addition to the other means already advised, dry cupping and sinapisms on a large scale effectually relieved the pulmonary congestion. In those days bleeding had been tried, but having proved fatal in almost every case had to be abandoned. I think, however, that in the apoplectiform cases, or *coup de soleil*, with throbbing carotids, full bounding pulse, turgid face, and contracted pupils, it might be used with advantage. In desperate cases of solar exhaustion, when the patient is too unconscious to open his mouth or swallow, brandy and ammonia may be given by the stomach pump, and they have also been successfully resorted to by injection.

I will remark that sun-stroke very rarely occurs in the country, where the laborers have an abundance of fresh air; and very rarely in the West Indies, where the trade winds prevail,—I may say, never among the negroes.

This peculiar immunity of the negro is, I believe, owing to the fact of his having, as it were, *two livers*; one interior, the other exterior—his skin. The black pigment deposited there is in fact black bile, or the constituents of bile, and it requires a great deal of this hydro-carbon to keep up that glossy ebony hue, the glory of the negro. Hence, the negro never has yellow or bilious fever; he thrives in the most malarious districts, where no white man can live. The negro cannot get bilious. It takes all the bile he can make to keep him black. In winter, at the north, the negro loses his brilliant black lustre, he becomes ash-color,—he de-carbonizes too fast, in spite of all the fat pork, and the succulent possums he may consume; in spite of this fatty diet, he cannot get bilious enough to keep himself warm and black at the same time. In the South, he consumes any amount of fatty and amylaceous or saccharine substances, and he is of a shining black, perfectly healthy and merry—can work all the day under a broiling sun, and dance all the night; at the North, in winter, he is

cold and morose, and his ashy color tends to approximate to the white man. Dr. Watters' remarks about diet at the South, can be accepted only in reference to the white man, who cannot, with impunity, live as he used to live at the North. The white man, unlike the negro, has only one liver, and this becomes inadequate to eliminate the accumulated carbon of a fatty or succulent diet.

Hence, *en passant*, results the fact of the peculiar adaptation of the negro to work in southern countries. Perhaps he has been created for that purpose. There is a peculiar color-blindness, a sort of Daltonism, which keeps some people from seeing this fact. But I will venture the prophecy, that time, and further experimentations with the negro race, will cure this color-blindness.

Dr. Fricke said, in reply to the remark of Dr. Pallen, that sun-stroke occurred most frequently in the poorly fed, he would state, that while in New Orleans, several years since, he noticed that nearly all the cases of sun-stroke that were brought into the hospital were laborers on the levee; a class of men that were well fed—eating as often as five times a day—and that they were usually attacked soon after eating a hearty meal.

Further discussion was then postponed until the next meeting, when Dr. S. T. Newman read the following paper:

MR. PRESIDENT:—In the discussion of sun-stroke before this Society, I think it has been pretty clearly shown that our views are not entirely satisfactory, either in regard to the cause or treatment of the disease. It is true that upon some points, in regard to both, we may be said to have settled opinions. For instance, we all agree that sun-stroke is, in some way, caused by heat, and that the administration of stimulants and the application of cold are *generally* indicated in its treatment. But to say that the disease is caused by heat, while it may be satisfactory in a general way, is too latitudinous for the scientific enquirer. Science demands to know how heat operates upon the human organism, in order thus suddenly to imperil or destroy life. Does heat so expand the atmosphere, that the supply of oxygen taken into the lungs is inadequate to the demands of the system? Is the blood poisoned by the retention of carbonic acid? or, is the

great electric machine so deranged by some subtle influence, mysteriously applied, as no longer to direct the functions of life? or, with *these*, or any of them, must there also exist concurrent conditions, in order that the disease may be produced?

These are questions well deserving our attention.

Some years ago, Sir Benjamin Brodie instituted some experiments upon rabbits, the result of which rather favors the idea that heat *alone* is sufficient to develop a condition strongly resembling sun-stroke. He found that by confining rabbits to a temperature of 160°, death speedily followed—preceded by symptoms of asthenia. But if heat *alone* were sufficient to produce the disease, we would find it much more prevalent in tropical, than in temperate climates, the reverse of which is known to be true. We should also find that those whose avocations are such as to confine them for a long time to a very elevated temperature, should also be very liable to the disease, which, I think, is not the case. Again, if it were caused by a want of oxygen, in consequence of an expanded state of the atmosphere, aeronauts, who ascend high into the air and thus enter an attenuated atmosphere, would also be obnoxious to the disease.

But some have supposed that a carbonaceous state of the blood, venosity, favors the development of the disease. This may be true; but when we remember that carbonic acid is composed of carbon and oxygen, and is the result of a combination of these two elements, we would conclude that where oxygen is withheld from the system, the formation of carbonic acid would be arrested, *pari passu*.

But I cannot now go further into the examination of this subject, and will only remark that *my own* opinion is that the first link in the chain of disorders, in sun-stroke, is to be found in the nervous system. Peculiar conditions outside, and perhaps connected with the laws of heat and electricity, exert an influence upon the extremely delicate apparatus contained in the system—which apparatus presides over and controls the entire organism—by which certain organic functions are arrested or perverted, and which in turn react, until the whole machinery is suddenly arrested, and death ensues. This idea is rendered probable from

the fact that the impression made, often resembles concussion of the brain consequent upon a sudden and violent stroke. For the transmission of impressions along the electric wire is not more suddenly arrested, by isolation of the wire from the electric machine, than are the *organic functions*, by being deprived of nerve power. But I will not elaborate upon this speculative question, but will proceed to notice one or two points of a more practical nature, which were presented by Drs. Watters and Boisliniere.

Dr. Watters, assuming it as a fact that persons in Southern latitudes *are less liable* to sun-stroke than those in more temperate climates, proceeds to account for it by saying that it is owing to the fact that persons in the South use more amylaceous food, and less fat meat, than those in the North. In taking this position I suppose he adopts the views of Liebig, that fats and certain other hydrocarbons taken into the system, furnish no other purpose than that of combustion, and that through this combustion animal heat is mainly kept up. Now, Sir, I will not deny the well established fact, that heat is produced by the combination of oxygen with carbonaceous materials, as well in the body as out of it, but it is equally true that the bodies of those who live entirely on animal food do not maintain a higher temperature than those whose diet consists entirely of fruits and vegetables. Again, it is also well known that some animals which live entirely on vegetables, maintain a much higher temperature than others, which live entirely on meats, in the same latitudes.

When it is remembered that a certain amount of heat is maintained in plants, which give out oxygen and absorb carbonic acid, we might conclude with Lehman, that we are not compelled to adopt the oxydation theory of Liebig in order to account for animal heat, for there are a thousand other processes constantly going on in the body which are sufficient to produce a large amount of heat, as chemical action, electric influence, saline and other combinations, &c., &c. Why, Sir, a sudden mental emotion may send the blood coursing through the arteries and veins of the timid female, causing the cheek to redden and burn; or to assume the pallid appearance of death; are these sudden and

opposite changes arising out of the same cause—mental influence—to be regarded as the result of oxydation?

But, Mr. President, aside from all this, Dr. Watters' explanation for the comparative exemption from sun-stroke, of persons living in the South, is—as was stated by Dr. Johnston—contradicted by facts too well established to admit of doubt. For it is unquestionably true that heretofore the negroes who worked upon the plantations of the South, were fed almost exclusively on fat meat and corn bread. For several years, I myself lived in the Southern part of Mississippi, and practiced medicine on many plantations in Mississippi and Louisiana, and I know that fat pork and corn bread constituted almost the only diet of the negroes, and yet I never knew one to die of sun-stroke. I need not here allude to the exposed manner in which these negroes worked, sometimes being exposed to the intense rays of the sun without covering for the head. Drs. Boisliniere and Leete, who have also lived in the South, are familiar with this fact. Thirty-five or forty years ago, the Southern planter was so engaged in the culture of cotton, that no attention was given to the cultivation of either fruits or vegetables. Dr. Watters' theory then, does not accord with facts, and as facts are always consistent with each other, his theory, therefore, must be false.

Let us next examine the theory of Dr. Boisliniere, which is intended to explain why it is that the negro is comparatively exempt from sunstroke. He says it is because the black skin of the negro acts as a second liver, by which certain impurities which escape the liver and kidneys are eliminated from the blood. That in this way the pigmentum nigrum is separated, and applied to the coloring of the skin. To make this theory consistent, Dr. B. would have to show, first that this exemption is peculiar to the negro, secondly that the skin of the white man is less efficient as an eliminating organ than that of the negro, and thirdly that this pigment of which he speaks, is found and remains in the blood of the white man.

I think the doctor would find difficulty in establishing any one of these points. If we appeal to facts, we will find that the exemption of the white man from sunstroke, in the South, is also very

great, if, indeed, not equal to that of the negro. Dr. Watters assumes that it is equal. During my residence in the South I have often known the white man to labor side by side with the negro during the hottest weather, and yet I never knew one to be effected by sun-stroke, but I have known a few instances where negroes have been stricken down, but in whom the attack was so *very slight* that they soon recovered on being removed to the shade. So that my own experience would go to show that the white man enjoys *even* greater exemption than the negro. This, however, I do not assert, or believe.

I doubt not, Sir, that free perspiration has much to do in preventing sun-stroke, both upon the principle of elimination and that of cooling by evaporation. But this applies as well to the white man as to the negro.

In this connection, I would remark that those parts of the Southern country in which I have lived were well supplied with cool springs, of excellent water, which was not so cold but that it might be drank in large quantities, and that a copious action both of the skin and the kidneys was kept up by frequent draughts of this water, while little or no whiskey was used.

Having thus shown, as I believe, that both Dr. Watters' and Dr. Boisliniere's theories are opposed to facts, it would naturally be expected that I should present some consistent explanation of a fact which we all admit; but I regret my inability to do so. As others have done, I can only take refuge in the field of speculation.

As I have already intimated that sun-stroke is in some way connected *immediately* with the nervous system, and as nerve action is more *nearly allied* to the phenomena of electricity than with anything with which we are acquainted, and as heat and electricity in some way modify each other, I suggest whether or not some peculiar influence is not thus exerted upon the body of man in Southern latitudes, and whether the same supposition might not also explain the fact that sun-stroke is confined almost exclusively to cities and confined places, or where large bodies of men are collected together. I know, Sir, that it may be said that in cities and confined places, the air is rendered more or less

impure by the large amount of carbonic acid which is constantly being exhaled, and by the various obstructions to free ventilation. But while these causes are constantly productive of disease, I believe that other conditions are necessary in order to produce sun-stroke.

In regard to the treatment of sun-stroke I have but little to say. My views upon this subject accord mainly with those which have already been given, viz: internal stimulation, the application of cold to the head, external stimulation to the skin, free ventilation, &c., &c. And with *my views* as to the cause of the disease, I would be inclined, in slow or lingering cases, to administer some one of the phosphates, with a view of supplying material for the brain. And I would also recommend the judicious and careful application of electricity, where it could be conveniently used.

In regard to internal stimulants, I would remark that their object being to excite the action of the heart, by which the blood is sent to the lungs and to the capillary system, we should use *such* as best meet this indication. Spts. ammoniæ, sulphuric æther, and alcohol, are perhaps most convenient. Dr. Watters objects to alcoholic stimulants because the blood is already loaded with carbonic acid, and alcohol, being a hydrocarbon, increases this difficulty. This objection, I think, amounts to but *little* in *comparison* with the *great object*, which is to force the blood to the lungs, where it finds an inexhaustible supply of oxygen, and after all I believe that brandy is not only the most convenient, but also the most efficient, as when administered with ice it is grateful to the patient and is rapidly absorbed.

Dr. Boisliniere said that Dr. Newman's remarks evinced considerable ingenuity and that spirit of earnest inquiry after truth that should animate all scientific investigations. He had asked whether heat alone was sufficient to produce sun-stroke. He (Dr. B.) thought not; it requires in addition, a want of sufficient ventilation—of a renewed supply of oxygen. A man, he said, could work with impunity under the broiling sun, or near a heated furnace, if there was a sufficient circulation of air to decarbonize the blood and cool the body, by evaporating the transpi-

ration from the skin. In reply to Dr. Newman's enquiry, why sun-strokes were less frequent in tropical and southern countries, he would answer that it was on account of the constant breeze from the trade winds of those countries, and also from the fact that the thermometer in those countries seldom reached 90° . In St. Louis and New York it sometimes reached 100° , and then we have sun-strokes. It is a known fact, that in New Orleans, when with calm sultry days, without a breeze, the thermometer reaches 90° or above, there are many cases of sun-stroke among the *white* northern laborers on the levee. Sun-stroke, he said, was an asphyxia for want of air, or from the air being poor in oxygen. This condition may be slowly and gradually produced, in fact may result from any cause that gives rise to venosity—a deoxydised condition—of the blood. For instance, strangulation or drowning presents very similar conditions. In regard to aeronauts, it was not probable that there pre-existed, with them, the predisposing causes he had referred to, and it was well known that they made but a short stay in the rarefied atmosphere of the higher altitudes where there was difficulty of respiration. If they remained there any length of time they would die of asphyxia.

Concerning the exemption from sun-stroke enjoyed by the negro, he believed he had been explicit enough, and would, therefore not repeat what he had already said. He believed with Dr. N., that the phenomena of sun-stroke were of a nervous character, a paralysis of the sympathetic system presiding over the contractility of the vessels; but this paralysis—mostly manifest in the lungs and venous system—was, he thought, due to a deficient supply of properly oxygenized or arterial blood. Arterial blood is the proper stimulant of the nervous centres, and paralysis of the circulation or atelectesia is only the second link in the chain of morbid actions.

Dr. Boisliniere then called on Dr. Hammer for his experience.

Dr. Hammer said that he did not recollect that he had seen a well-defined case of sun-stroke in Europe, and therefore in his first experience with the disease, he was compelled, as to the pathology and treatment, to rely upon the statements of medical

writers. Twenty years ago it was the opinion, and it yet obtained to some extent, that the symptoms of sun-stroke were due to congestion of the brain, and consequently, abstraction of blood was the rational treatment. Impressed with these views, he treated the first case he met with, by venesection. The patient died. The second case he treated in like manner, only more energetically. The blood not flowing as rapidly as he desired, from the vein, in the former case, he had attributed the death to that cause, and in this, resorted to arteriotomy. His patient died more promptly than the first. This, he said, perplexed him no little, and led him into doubt concerning the cause of the malady and rationality of the treatment. Before attempting to treat another case, he instituted a number of post-mortem examinations in the practice of his professional brethren, and was thus taught different from what he had learned in the schools and from books. It is true he was not able to make out the minute pathology of the disease, or rather of the process immediately preceding the establishment of the disease, and he was far from claiming to have done so, but he learned some facts concerning, what might be termed the coarse pathology of the disease—its pathologico-anatomical lesions—which led to happy results so far as the treatment is concerned. The brain, very far from being hyperæmic, he found anæmic in a marked degree. The idea of hyperæmia of the brain, he thought, had very likely arisen from the engorgement of the venous vessels of the membranes, which very frequently exists. In connection with anæmia he found the parenchyma of the brain particularly deficient in arterial blood. He found the lungs invariably in a condition of excessive hyperæmia, which in most cases had terminated in acute oedema. The right side of the heart was much distended and filled with blood, while the left was more or less empty. The super-cranial cutaneous venous vessels were engorged and distended. These facts, he said, proved a great disturbance of the circulatory apparatus—engorgement and stagnation of the venous system with a relaxation of the walls of the vessels, with deficiency of arterial blood and contraction of the arteries.

The symptoms of sun-stroke are fully concurrent with the

pathological changes, and are:—syncope, by which the attack is announced (depending on anæmia of the brain); very quick, small and feeble pulse; highly increased temperature of the entire surface of the body; slow and stertorous respiration, approaching asphyxia. This state of things was not alone brought about, as had already been stated, by direct insolation, or exposure to the direct rays of the sun, but the same result takes place in a close heated room, with insufficient ventilation. He himself had narrowly escaped sun-stroke in his office on one occasion, and had barely strength, and presence of mind to get out of the room into the street.

The result of his pathological researches, which very fully accorded with the post-mortems referred to by Dr. Boisliniere, fully determined the error of the depletory treatment, and that the rational treatment must consist of a removal of the congestion of the venous system, and prevention of the œdema of the lungs; in establishing a proper nutrition of the centre of the nervous system—the brain—by causing arterial flow to the organ, and by reducing the excessive temperature of the body.

Governed by these views, he treated all his following cases, of which he had seen many, with two remedies: the internal and external use of sulphuric ether,—and the application of ice to the chest and the spine, alternated with irrigations of ice-water upon the whole surface of the body, and such mechanical manipulations upon the chest as are indicated to excite respiration and increase its frequency. He gave the sulphuric ether in doses of from 20 to 30 drops every ten to fifteen minutes, until reaction came on, and applied it externally to the head by dropping it over the entire scalp, at the same time continuing the ice applications as already mentioned. Since he instituted this treatment he had the satisfaction, he said, of saving almost every case that had fallen under his care, and some apparently desperate cases had recovered under this treatment. In the few cases which terminated fatally, the hyperæmia of the lungs had already resulted in œdema, which state is certainly beyond any medical aid. He did not hesitate to assert that every true case was amenable to successful treatment, provided that the œdema of the lung had

not yet occurred. The question might arise, as to which of the remedies, the ether or the ice, the good result was attributable; there was no doubt, he thought, that both were rational and efficient. In regard to the ether, he had experimented with it on a dog and a horse, under circumstances where no ice could be had, and with most satisfactory results. The dog, a large pointer, was apparently lifeless; he poured nearly half an ounce of the sulphuric ether into his fauces, and left him; three hours afterwards the dog had completely recovered. To a horse, seemingly in articulo mortis, from sun-stroke, he administered a full ounce internally, and in half an hour afterwards the animal got up and walked to the stable. It was, he said, fifteen years since he had published his experience in regard to this disease, and he could but regret, for the general benefit of the public, that the views then expressed had not been more widely disseminated and generally known.

In regard to the remarks of Dr. Boisliniere he would say but a few words: Dr. B. had spoken of the negro as having two livers. He was aware that the Dr. looked upon the negro as scarcely belonging to the human race: but he was not before aware, that he believed him an animal endowed with an extra excretory organ. In this instance, however, in Dr. B's. behalf, he would give him the credit of having spoken figuratively; as otherwise he certainly laid himself liable to a very severe criticism as to his physiological views. Such notions and assertions as he had presented on negro physiology, with which to amuse and entertain the Society, could certainly not be sustained before the forum of science.

PHYSICAL THERAPEUTICS.

BY BENJAMIN W. RICHARDSON, M. D., F. R. S.

Hitherto in these lectures I have confined myself to an exposition of the direct influence of cold on natural functions, but the facts that have been brought forward have a bearing also on some matters of therapeutic interest. I might enlarge, indeed, greatly in this direction, but not without referring to experiments which

you have not seen demonstrated—a position which in these lectures I am anxious to avoid.

UNITY OF GENERAL AND LOCAL ANÆSTHESIA.

Dwelling on such demonstrations as have been before us, or as may be at hand, I would first observe that there is an intimate connection of action between cold and those agents which produce general anæsthesia. Here is a solution of brain matter. I freeze it; it becomes solid, and it ceases at once to act as a conductor of force. I dry it down, and I reduce it to the same state; I add to it alcohol, and interfering with the water constituent—abstracting that, in fact, from the solid matter—I have condensation of fluid, liberation of heat, and solidification of the mass. Now the solidified, and, as it would be called in this case, coagulated mass, is in appearance like to the frozen mass, and in respect to its conducting power it is also like; in a word, the true and necessary relations of force and of matter are destroyed, and there is no conduction. When alcohol in excess is introduced into the living brain, the same changes must be induced, differing only in the matter of degree; the alcohol must seize a certain measure of water for a time, the equilibrium of force must be disturbed, and so much matter must be rendered inert, as in the case by cold. And this is really what the attendant, or rather the succeeding, phenomena testify; there is stupor of brain, and there is a paralysis of power in all the organism; which symptoms last until, by the generation of more animal force from the combustion of blood, the alcohol is raised out of the organism.

There are some bodies which interfere with the force and matter of the brain in a more subtle, but not less determinate way than alcohol. I allude to those agents which can be made to reach the brain readily through the respiration by their inhalation as vapors—chloroform, ether, amylene, and their analogues. These substances carried to the vast expanse of blood surface in the lungs, and condensing to commingle with the blood, float with it to the brain and other nervous centres, and with the liberation of force in the process of solidification of structure, are directly acted upon in the brain by its force at the expense of the cerebral water, and owing to their ready expansion, with increased pressure on the cerebral substance. Thus, again, there is disturbance of equilibrium of force and matter; again, a condition is induced in essence the same as that produced by cold—viz., inertia of brain matter; and again follow the symptoms which are inevitable—insensibility, paralysis, and temporary death of the sentient being. Thus, when we are using chloroform as a general therapeutical agent, or when we are using ether

spray as a local therapeutical agent, we are, in fact, carrying out the same physical process, with this difference only of detail, that in the first case we are separating brain from the part, and in the second case we are cutting off the part from the brain.

ACTION OF SALINE SUBSTANCES.

The action of saline substances as medicines is well explained and greatly simplified by these studies on the influence of cold. Salines have at all times been considered cooling medicines, and so-called antiphlogistic remedies; but why they should cool and allay over-action has been little inquired about. What they did has been received as matter of faith; how they did their work has been left as an impossible or even useless problem. Yet when we have before us a few leading principles, a child may understand the action of salines on animal bodies. They act, in short, only by one process, that of removing from the nervous centres and the body at large so much caloric: this they take up, and augment up to a given extent their own fluidity, and as they retain the same fluidity and heat of fluidity until they are excreted from the organism, so they carry off as much caloric as they have seized, and definitely reduce the temperature. You will ask me for a visible experiment bearing upon this subject, and fortunately I can give you what you ask in a manner very peculiar and striking. I have here so much water, and I have here so much of the salt called chloride of ammonia. I now place a thermometer in the water, and the instrument tells me that the water is at 96° Fahrenheit. I now begin to pour in the salt and down comes the thermometer: not to lose time, I will stop when the temperature is reduced to 45°, and pass you the reduced fluid. You see clearly enough that the reduction of temperature has been due to the circumstance, that the salt has taken up so much heat of fluidity in becoming itself fluid; it has fixed so much caloric.

So far all is obvious out of an animal body; let us next go to an animal. We take a frog, and we look into the eye of the animal, and we observe a perfectly bright and transparent crystalline lens. If we killed the animal and immediately opened the eyeball, we should take out this lens to find it round, of the size of a large shot, and very clear. If we experimented, however, we should soon discover that it was readily rendered opaque and dense by cold; in fact, the lens of a frog is a kind of natural thermometer. Well, then, I have here two living frogs, and I will use them, acting on the above information, to prove by visible means the identity of action between mere cold and saline substances undergoing solution.

The first frog we will treat with ether spray until it is insensible to pain; we will then direct the spray over the eyeball, and see almost in an instant what appears; the eye is densely cataractic, the lens having become entirely opaque. This is the direct action of cold. We remove the cold; we place the creature in a condition to recover, and as it regains its power, the dense lens will clear again as surely as the sun will rise in the morning; the lens will clear under the re-absorption of caloric. How often soever you may repeat this experiment, it will not fail you.

Now for the comparison. We take the second frog, and instead of applying cold direct, we treat him in another way. Here is the solution of chloride of ammonium, of specific gravity 1150, to which degree it must be brought before it will act. I put into a syringe one fluid drachm of this solution, and with a fine perforated needle I throw the fluid, subcutaneously, into the dorsal sac of the animal. I watch the eye for a few minutes, and observe that the posterior part of the lens—the part first cooled—becomes dense; the opacity spreads, and in this brief time I hand the animal to you with dense cataract of both eyes. If you did not see the experiment, you would not know which of the two frogs was made cataractic by direct cold, and which by the indirect action of the saline solution. The comparison extends: If I place the second frog in water with a temperature a little above 50° , and under 60° , exactly in proportion as the animal regains caloric, its power will revive, and its crystalline lenses will of a certainty once more become clear.

It would be impossible to show with more exactitude than is shown by this experiment the identity of action between simple cold and salines. In some cases of disease, where salines of themselves are too slow in their action, they might well be supplemented by the direct action of cold, and, indeed, there is no reason why cold air should not be directly inhaled, so as to cool the currents of blood which pass directly over the pulmonic circuit.

USE OF COLD FOR SUBDUING NERVOUS OVER-ACTION.

Extreme cold has been applied apparently with great benefit in cases where the nervous centres are over-active. In acute mania the ether spray douche to the head has been followed by sudden quiet and refreshing sleep. In cholera the spray has been applied along the spinal column also with immediate relief to the convulsive symptoms. In this direction there is much room for new research, as one concluding experiment will prove. We have before us a large powerful frog. We will insert under the skin the forty-fifth part of a grain of strychnia. As the alkaloid

makes its way to the nervous centres we see the tetanic convulsions duly pronounced. We have exalted the force of those centres. Let us next reduce the force. To do this I will suddenly freeze the cerebro-spinal tract, the result being, as you observe, entire cessation of the tetanus. Here is another frog in which the tetanic action has been held in abeyance by the cold for eight hours, but when the cold is withdrawn, straightway the tetanus returns.

At the present moment I have no comment to make on this important experimental truth. I do not know to what it may lead, and I would not suggest the hope of its leading immediately to any new point of practice; for a man is not a frog, and by the extremest cold at my command I cannot reduce the temperature of the spinal column, even of the dead human subject, one degree. But, for all that, there is a positive truth in our possession that in an animal whose spinal cord can be reached, extreme cold, so long as it is in action will stop tetanic convulsions of the intensest kind.

CORRESPONDENCE.

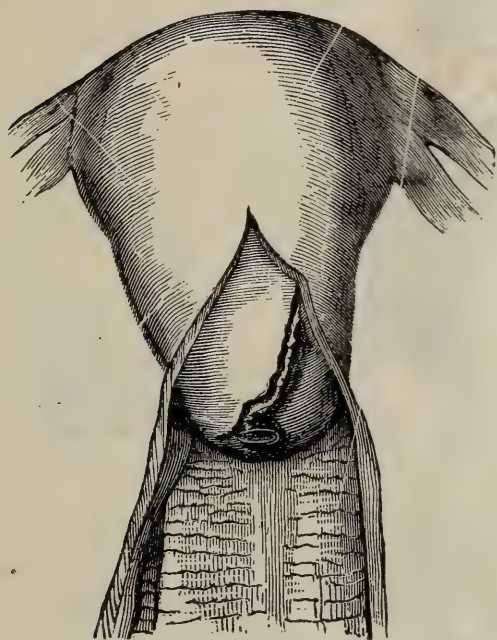
MESSRS. EDITORS:—

In the May number of the *St. Louis Medical and Surgical Journal*, there is a communication from our enterprising gynecologist, Dr. M. A. Pallen, on "Fissure of the Neck of the Uterus," to which I wish, through your journal, to call the attention of the profession, lest its real merits be overlooked.

The first thing that claims notice is the *pictures*, which, like the "Prize Essay," are particularly interesting. (?)

The first of these (fig. 13, page 215, of the journal) demonstrates a very peculiar anatomy of the vagina and uterus. The *older* writers and anatomists describe the vagina as extending *from the vulva to the uterus, and surrounding the cervix uteri a short distance from the os*. According to the *new anatomy*, as shown in the *picture*, it is necessary in order to exhibit the uterus, to slit the vagina up to the corpus uteri, showing thus that the uterus is *invested by the vagina, which contains it as in a sack*. This is certainly something new in anatomy, and, doubtless, a

most fortunate discovery (!!) it is, as in these days of advancing uterine surgery, it may be deemed advisable, in the treatment of some "uterine abnormality," to enucleate (?) the uterus, which, according to the new utero-vaginal anatomy, it will be seen, can readily be done by slitting up the vagina, so that it is possible that slitting up the vagina, and enucleating the uterus, may yet become as *fashionable*, in the treatment of "uterine abnormalities," as slitting up the uterus now is.



St. Louis Med. & Surg. Jour., Fig. 13, p. 215,—PALLEN.



Fig. 166, p. 410,—THOMAS.

Now, by turning to Thomas on Diseases of Women (p. 410, fig. 166), it will be readily seen where this new utero-vaginal anatomy came from. Dr. Thomas has, however, laid open the uterine walls to show the *interior* of the uterus, while Dr. Pallen has made the same, or *very like* dissections, to exhibit the exterior of the uterine neck.

The case, we are told, is one of "fissure of the uterus," not from any of the causes mentioned by authors, such as parturition, slitting the uterus for surgical purposes, &c., but by granular

erosion (!!). Now the author is evidently a little muddy in the *etiology* of this fissure—we are not positively certain that he gives the cause at all—but from the manner he mixes up Dr. Thomas' description of granular ulcer, with this fissure, we cannot but infer a causative connection in his mind between the two. To suppose, however, such fissures produced by "granular erosion," is but in keeping with the anatomy which encloses the uterus within the vagina. It is scarcely necessary, we presume, to state that *granular erosion produces no such lesion*.

But our object now is to show where this whole matter—pictures and pathology—came from.

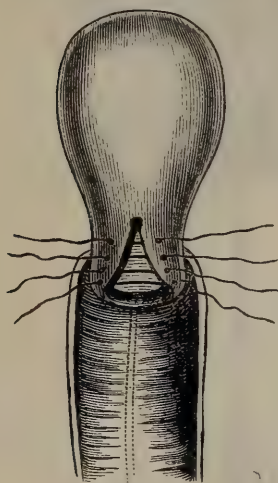


Fig. 63, Page 181, —THOMAS.

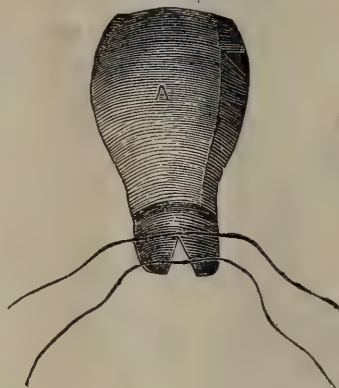


Fig. 97, Page 269, —THOMAS



Fig. 14, Page 217, —PALLEN.

By turning again to "Thomas on Diseases of Women," (page 181, fig. 63,) where the treatment of vesico-uterine fistulæ is given, and same work (p. 269, fig. 97) "operation for eversion of cervix," it will be seen that we have the veritable "traumatism producing hare-lip, at least it had to be treated as hare-lip."

Which treatment consisted in vivifying the edges, and approximating the raw surfaces by silver wire sutures. The dissections were easily made by means of scissors and a long-handled, narrow-bladed bistoury.—M. A. PALLEN, *St. Louis Med. & Surg. Jour.*, p. 217.

* * the condition may be cured by an operation which consists in paring by long scissors the edges of the cervical fissure, and passing deep sutures of silver wire, so as to approximate them thoroughly.—THOMAS, *Diseases of Females*. p. 269.

On page 181, fig. 63, (Thomas' work), it will be seen, the number of silver sutures passed is four; now, bring the two ends of

each of these silver wires together and twist them, and then cut them off, and we have completed the operation given us by Dr. Pallen in fig. 14, page 217, *St. Louis Med. and Surg. Journal*,—singular coincidence! But if any one doubts that this whole affair is a *bold and bare-faced plagiarism*, he shall do so no more. We place Pallen in parallel columns respectively with Klob and Thomas.

In consequence of nearly every labor, natural or abnormal, the vaginal portion of the cervix uteri is fissured in one or more directions.—M. A. PALLLEN, *St. Louis Med. & Surg. Jour.* p. 214.

The fissure extends sometimes to the internal os, but more usually stops about the vaginal fold, and is intra-vaginal and incomplete.—M. A. PALLLEN, *St. Louis Med. & Surg. Jour.* p. 214.

The superior end or apex of the fissure is rarely deeper than the sub-mucous layer of the cervical tissue proper, whereas, as it descends, it involves deeper layers, until the whole tissue is compromised, and the rent presents a triangular form, the base of which implicates the canal and os externum.—M. A. PALLLEN, *St. Louis Med. & Surg. Jour.*, p. 214.

Sometimes a few mucous-tissue, or uterus-tissue fibres, are not torn through, and little bridles are formed from either side.—M. A. PALLLEN, *St. Louis Med. & Surg. Jour.*, p. 214.

Now can any one doubt where the pathology of M. A. Pallen's article comes from. But why this talk of the pathology of fissure of the uterus, when his was a case not of fissure but of *erosion*? Well, we may be permitted to answer, and without fear of contradiction, that it was done in order that by stealing the honest labors of others he might appear learned in that in which he is known to be, and has time and again both acknowledged and proven himself, notoriously ignorant. But the case is like

In almost every labor, however normal, the vaginal portion is fissured in one or more places.—KLOB, *Pathological Anatomy of the Female Sexual Organs*, p. 249.

A fissure of the vaginal portion sometimes extends to a varying height into the cervix, even as far as the internal orifice, and involves the uterine tissue in varying degrees.—KLOB, *Path. Anat. Female Sex. Organs*, p. 249.

The upper end of the fissure rarely extends deeper than the innermost layer of the cervix, while inferiorly the entire thickness of the vaginal portion is ruptured; hence the triangular form of the fissure,—that is, the lower edges of the fissure are much more readily separated than the upper.—KLOB, *Path. Anat. of Female Sexual Organs*, p. 249.

Frequently a few fibres of uterine tissue remain intact at the upper portion of the fissure, extending from one side to the other, bridging across it.—KLOB, *Path. Anat. Female Sexual Organs*, p. 250.

the pathology—out of place, abnormal, disjointed and sickly—a granular erosion converted into a fissure.

But let us continue the contrast:

The lining membrane was prolapsed and everted, its papillæ or villi increased in size, forming a granulation-like ulceration, known to gynecologists as granular erosion or granular ulcer. The pathology of this lesion consists of an absence of epithelium, and each papilla or villus contains a looped vessel, hypertrophied and enlarged, and greatly tending to bleed; these vessels are sometimes so much distended that they become varicose, and the term "varicose ulcer" has been given to them. According to Scanzoni, Farre, Thomas and others, this papilla-hypertrophy may take place in the folds of the everted membrane of the cervix, producing so much "of convolution and projection, as to have caused the appellation of fungous ulcer, or cocks'-comb granulation to be applied to it."—M. A. PALLER, *St. Louis Med. & Surg. Jour.*, pp. 216 & 217.

As a result of inflammatory engorgement, or in consequence of the slitting the walls of this canal by surgical procedure, or the act of parturition, its lining membrane prolapses * * * the papillæ or villi increase in size and length, and project forward, like granulations. * * * Each of these papillæ contains a looped capillary vessel, which, becoming enlarged by its hypertrophy, and being entirely unprotected by epithelium, naturally tends to bleed. Sometimes the circulation in the supplying vessels is so much impeded that they become varicose. These two facts have caused the names of bleeding ulcer and varicose ulcer to be applied to the respective states. * * * At times, the hypertrophy, which under these circumstances may take place in the crested folds of the everted cervical membrane, produces so great a degree of convolution and projection, as to have caused the appellations of fungous ulcer or cocks'-comb granulation to be applied to it, according to Dr. Arthur Farre, though Scanzoni regards this as merely an exaggeration of the villous hypertrophy recently mentioned.—THOMAS, *On Diseases of Women*, pp. 266 & 267.

It will be noticed that notwithstanding his flippant quotation of Scanzoni, Farre and Thomas, he falsifies the position of two of them—Thomas and Scanzoni—Farre only, as stated by Thomas, approving the position, Scanzoni denying it, and Thomas not giving his opinion at all. Now what confidence, we would ask, can possibly be placed either in the opinion or statements of one who cannot understand as plain a sentence as this? or who for the sake of *appearing* familiar with the opinions of authors, will

write them down as professing views which they deny in the very sentence he is misquoting?

Now it is, we think, perfectly apparent that but for Thomas' work, *this case of "hare-lip of the uterus"* would not have existed—never would have been reported; and yet we have no doubt there was a real case and operation. But as the cause assigned (if, indeed, any is given)—granular erosion—is *utterly insufficient*, and as this case, as we have seen, *was made up from Thomas' work, and not from the uterus*, it is reasonable to suppose that instead of fissure there was an abrasion, and that the abrasion was abraded, and sewed up as reported. This supposition is, we think, fully sustained by the history of the case as given, while the well known ignorance of the author, of pathology, and want of anatomical knowledge, as manifested in this case, would render such mistake in diagnosis not at all improbable.

Dr. Pallen thought he found, what is very rarely met with, double flexion. Sims found it once, and thought it very remarkable. There is, however, no evidence of double flexion, in the case as presented. The uterus lying across the pelvis—the fundus upon the rectum and the neck pressing against the urethra—gives no evidence of double flexion, but simply of a retroversion. But what most perplexed him was, such an amount of flexion, "*and none of the induration which he had previously found existing in all flexion-cases.*" Now, we are not told in what part this induration was expected, but in almost the next sentence, evidently forgetting what he has just said, he says the anterior wall was "*slightly indurated and enlarged.*" But without regarding this contradiction, we would state, what the experience of most men corroborates, that there is no necessary connection between induration and flexion. There may be very great induration without any flexion, and there often is flexion without induration. But let us examine, a little more closely, the position of the uterus. As the organ was lying along the floor of the pelvis, just within the vulva, the supposed lesion must have been immediately in view, upon the separation of the labia pudenda, even with the fingers, and as a consequence there must have been scarcely any need of a speculum. Let us see.

A retroversion, with the fundus uteri so low down that the finger, introduced into the rectum, came in contact with the anterior wall, and the anterior face of the cervix lying against the anterior wall of the vagina—; this would bring the posterior face of the cervix, the seat of the lesion, just within the vaginal os; and yet, as if in profound ignorance of these facts, we are referred to the new means of diagnosis, Sims' speculum, uterine probes, tenacula, &c., *as if any of these could possibly be necessary in the diagnosis of this case.*

“The result of the operation,” we are told, “proved that the antiflexion depended upon the contractility of the neck anteriorly;” (?!!!) “and that the retroflexion was caused by a want of infra-vaginal support posteriorly, together with the general relaxation of the ligaments above and anteriorly.”——Anything else? Jehu!! Well, it is an interesting case, and proves, we think, much, very much—*more, perhaps, than the author intended.*

1528 CHESNUT STREET.

G. M. B. MAUGHS, M. D.

BIBLIOGRAPHICAL NOTICES.

REPORT ON EPIDEMIC CHOLERA AND YELLOW FEVER, in the U. S. Army during 1867. Being Circular No. 1, War Department, Surgeon General's Office, Washington, June 10, 1868,

In the April number of the ARCHIVES we gave a lengthy and favorable notice of the first report on epidemic cholera in the Army of the United States, by Lieut. Col. J. J. Woodward, Assistant Surgeon, U. S. A. The circular before us is similar in every particular to the report for 1866, and furnishes us with an accurate account of the epidemic of 1867, in the army; it also includes a report on yellow fever as it prevailed among the troops during the same period. The disease was imported from two foreign ports, Havana, Cuba, and Vera Cruz, Mexico. From the latter place it was introduced via Indianola, Texas, and then spread over a large portion of that State, and was of a more virulent type than that having its origin in the West Indies. Two-

fifths of those attacked with the Mexican disease died, whilst two-sevenths of those afflicted with that of Cuban origin perished.

Like cholera, it spread along the principal routes of travel and was carried along from place to place by human intercommunication. No medical treatment seemed to be of much avail, nor did the ordinary hygienic precautions abate its ravages as in cholera.

Strict quarantine of vessels and persons coming from infected ports seems to afford the only chance of escaping this dreadful and much dreaded disease, and the experience with the epidemic of last year confirms that of the Army during the late war upon that point. K.

LESSONS IN PHYSICAL DIAGNOSIS. By Alfred L. Loomis, M.D., Professor of Practice of Medicine, etc. New York: Robert M. De Witt, Publisher. 8vo. pp. 159.

This little work has been written in compliance with the request of the students attending the lectures of the author, to furnish them a Guide in the practice of physical diagnosis.

No originality is claimed, the sole object being to collect into a plain and comprehensive "Compend, the results of the research of many inquirers." Although to the specialist the results are rather meagre, still to the student and young practitioner it will be exceedingly useful and welcome, and the older, even, can consult its pages with no little profit. The arrangement is certainly creditable to the industry of the author. Wood-cuts are introduced, as occasion requires, to illustrate the text, and although somewhat rough in execution, still they answer the purpose satisfactorily.

It is well up to the times, and we would recommend it most heartily to the profession. C. H.

EDITORIAL NOTES AND VARIÆ.

In our last number we submitted some remarks upon the subject of Medical Education. In this, we had intended expressing, briefly, our views in regard to the course of study, and method of teaching medicine, best calculated to promote the thoroughness and efficiency so much to be desired. Circumstances beyond our control have necessitated our deferring these remarks until some future occasion. For similar reasons, the publication of Professor Hammer's Lectures on Pathological Anatomy has been temporarily suspended. They will, however, be resumed in the next number. In the absence of these, our readers will find an unusual amount of interesting original matter. The Editors would embrace this opportunity of saying, that they do not wish to be understood as endorsing all the views or opinions that may be expressed in the different discussions, that from time to time appear in these pages. As more than once already stated, our pages are open to a liberal discussion of all matters of a scientific character pertaining to the interest of the profession, and we sincerely invite such discussion. We long since adopted the views we so frequently heard expressed by our venerable friend, Prof. Samuel Jackson, of Philadelphia, that true science is ever liberal in its views, and that it is our duty, as scientific men, never to reject a jewel, even though found in the gutter. In recording, therefore, the discussions of our different Medical Societies and Associations, we are only responsible for the views and opinions expressed by us, and for the remainder, can only advise our friends and readers to do as we ourselves endeavor to do, eschew the evil and hold fast that which is good.

REMARKABLE MONSTROSITIES.—The advance sheets of a description, and further remarks, by Drs. Joseph Jones and Paul F. Eve, of the University of Nashville, of the living monstrosity, J. Myrtle Corban, the four-legged child, which were kindly furnished us by the *Richmond & Louisville Medical Journal*, were received too late for our July number, and being unfortunately mislaid, did not appear in our August issue.

The child, the fourth of its mother, was born May 12, 1868, in

Lincoln county, Tenn., and we are told "there was nothing peculiar in the labor or delivery."

"The infant, J. Myrtle Corban, has four legs and two distinct external female organs of generation, with two external openings of the urethra and two external openings of the double rectum. The external genito-urinary organs are as distinct as if they belonged to two separate human beings. The fæces and urine are passed (most generally simultaneously, particularly the urine,) from both external urinary and intestinal openings, situated respectively between the left and right pairs of legs.

"The head and trunk are those of a living, well-developed, healthy, active infant of about five weeks, whilst the lower portion of the body is divided into the members of two distinct individuals, near the junction of the spinal column with the *os sacrum*. As far as our examination could be prosecuted in the living child, we are led to the belief that the lower portion of the spinal column is divided or cleft, and that there are *two pelvic arches supporting the four limbs*, which are situated upon the same plane.

"When three weeks old the child weighed ten pounds. It now nurses healthily, is thriving well and we saw it urinate simultaneously, between the *two pairs of labia of the two vaginæ*, situated about six inches apart. From the crown of the head to the *umbilicus* the child measures twelve inches, and from this point to the toes of the right and left external feet, eleven inches. From the *umbilicus* up, all is natural and well-formed; all below this, extraordinary and unnatural. An inch below the navel is a mark of an apparent failure for a second one. There are four distinct, pretty well developed, lower extremities. They exist in pairs on both sides of the medium line, which resembles the cleft of an ordinary pair of legs; but here there are no marks whatever of *anus* or *genital* organs, and upon pressure we discover no *os coccygis* or *sacrum*. The outer legs of both sides are the most natural of the four, (though the foot of the right one is clubbed,) but are widely separated by the two supernumerary ones, which are less developed, except at their junction with the body, from which they taper to the feet and toes more diminutive and which are turned inwards. One toe is bifid on the left extra inward extremity. At birth these extra legs were folded flat upon the abdomen. We are led to believe that there are *two uteri as well as two recti*; in fact that the pelvic organs are double. Of course a minute dissection would alone expose the true condition of these parts.

"Cases somewhat similar to the above have occurred and been described. Rokitansky refers to two completely distinct bodies conjoined at their *ossa sacra* or *coccyges*, as in the well-known Hungarian sisters, Helena and Judith, born in 1701, who survived their twenty-second year.

"Geoffrey St Hilaire, alludes to cases of a trunk with two heads, some, even, Janus-like, having four upper and four lower extremities.

"The case, however, recalled most vividly by Josephine Myrtle, is that of Rita-Christina, well-known in Europe, and accurately described in this country by Prof. Meigs. In this wonderful instance, there were two heads, two necks, four arms, but only two legs; and thus the reverse of our case. From the *umbilicus* down, there was one well-formed child, but above this all the organs were double; in reality there existed two beings. The *rectum* and bladder were common to both, but all else in the trunk was double and distinct. One would sleep while the other played, etc., for they had *two spinal marrows*, *two brains*, *two hearts*, but the last two occupied a common *pericardium*. Unfortunately, after surviving little over a year, one sickened and died, when the other, then in health, instantly expired.

"Rita and Christina were born in Sardinia, 1829, and described by Dr. De Michaelis. Professor of Surgery in the Royal University of Sassari, and lived eighteen months."—*Richmond and Louisville Med. Journal*.

We were, through the kindness of Dr. Boisliniere, of this city, recently shown as extraordinary a monstrosity, and remarkable in being precisely the reverse of that above described.

The case occurred in the practice of Dr. Feehan, of this city, by whom, as it perished in delivery, it was presented to Dr. Boisliniere for scientific investigation; and as an accurate and minute description will be furnished in due time, we shall now only call attention to it in a general manner. It was a male child, of full term, and finely developed. It had two heads, both large, and of perfect formation; three arms, the third of which was between the two heads, having a single humerus, a single ulna and two radii; and two hands, having the fifth or small finger in common. There were also four scapulæ and four clavicles, with, however, but a single sternum. The spinal column bifurcated nearly upon a line with the umbilicus, *below* which all was natural and of perfect conformation. As will be observed, this case is strikingly like that of Rita-Christina, above referred to, as described by Dr. Meigs. As before said, a minute and full description of this remarkable case is being prepared for early publication.

CARBOLIC ACID is, to-day, perhaps the most popular article of the *materia medica*. When we say the most popular, we must not be understood as meaning that it is the most valuable. It may be or it may not: time is necessary to settle that question. There can be, however, no doubt that it is a great acquisition to our general list of agents for destroying the common causes of disease, and for abating disease itself after it has been developed. Many persons are at a loss to determine what should be considered a dose. We imagine that even those persons who have experimented with it do not themselves know what constitutes the proper quantity to obtain its full medicinal or therapeutical effects, nor what might prove to be pernicious. We know of instances in which it has been used with good results in doses of about three grains each, in solution, but generally about one grain seems to be the most approved strength. As it occurs in commerce in a crystalline form which is reckoned pure, and also in an impure liquid form, it would be always well to bear this fact in mind. Naturally it is an irritant, but this is modified by dilution. In truth it is caustic, rubefacient, stimulant and antiseptic. For this last mentioned quality it is most generally used. It appears to be fatal to the lower orders of organic life, and thus prevents putrefaction and fermentation. It acts likewise as a deodorant and corrects foul smells which depend on decomposition, organic change being arrested by the presence of the acid. As to its therapeutic uses, it has been commended in gastric irritability, especially when produced by miasms, and in the vomiting of pregnancy, in flatulence depending on imperfect digestion, in diarrhœa, in cholera, in ulceration of the nose, in all foul discharges from the tonsils, throat, nostrils, ears, rectum, and vagina. In such cases it is used as a wash, or gargle, or may be applied by means of a brush. It has also been beneficially employed in all forms of ulceration, whether external or internal, in diphtheria and scarlatina, in itch, in *tinea-capitis*, *rupia*, *lupus lepra*, in true leprosy, for which it would appear to be almost a specific, in *ascarides*, and it is even said to cure hæmorrhoids, by corrugating and obliterating the sac. It coagulates the contents of the tumor, which may then be squeezed out, and the two surfaces now coming together the sac becomes finally obliterated. It is said to be efficacious in arresting hæmoptysis, in diminishing irritation and expectoration in bronchitis, and in vomicæ of the lungs. In some cases it is used by inhalation mixed with a large quantity of water. The spray-producing apparatus would doubtless answer an excellent purpose. We have not enumerated all the various cases to which it

has been applied, but enough to show what great expectations are entertained of it among medical men. From the foregoing summary it might be imagined that a doctor in 1868 could no more practice his profession without carbolic acid than his father could without calomel and the lancet.—*Drug. Circular.*

POISONING BY CARBOLIC ACID.—Dr. F. Grace Calvert writes to the *Medical Times and Gazette*: “I have read with sincere regret in your valuable journal the account of the death of a person from having accidentally taken an ounce of impure carbolic acid. I deem it my duty to inform your numerous readers that the best antidote to be administered after the stomach pump has been used is large doses of either olive oil or oil of sweet almonds mixed with a little castor oil, for not only do they interfere with the corrosive action of carbolic acid, but they dissolve freely the acid, dilute it, and prevent its action on the mucous membranes. If at any time strong carbolic acid should come in contact with the skin, its caustic action can be entirely prevented by removing it with a little oil.”

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF CAFFEIN.—The number of the *Archives de Physiologie Normale et Pathologique* for Jan.–Feb. 1868, contains an interesting paper on this subject, by Dr. M. Leven. The following are the conclusions he draws from his experiments:—

Caffein appears directly to stimulate the heart. When first absorbed, the circulation and respiration are accelerated, the pulse is more frequent and firmer, and the secretions more active.

The central nervous system, the brain and spinal cord, and the nerves are stimulated.

The muscular system of the life of relation and that of organic life contract violently.

The muscles of the former system are affected with trembling or with general contraction. The fibres of the stomach, of the intestines, and of the bladder also contract.

At a later period after absorption of caffein, the action of the heart is lessened; the frequency and firmness of the pulse diminished; the muscular system becomes exhausted, but is not paralysed. The nervous system also suffers exhaustion.

Caffein does not entirely extinguish reflex action, nor the functions of nerves and muscles.

It acts as a poison on different animals in different doses; it may be given to man in the dose of many grammes without injury.

It is readily eliminated from the system, and remains in it only a few hours.

He further states that caffein, like alcohol, diminishes the secretion of urea, but increases the quantity of urine excreted. It diminishes the waste of the organs, and economizes the tissues.

With two litres of coffee daily, the Belgian miners undergo, without substantial food, excessive muscular exertion. The caravans which traverse the desert are supported by coffee during long journeys and lengthened privations of food. It is known that some old persons are almost exclusively nourished by coffee.—*Am. Jour. Med. Sciences.*

NEW TREATMENT OF LEAD POISONING.—Professor Monneret, of the Paris Medical School, recently gave the following exposition of his peculiar treatment (cold *intus* and *extra*) of lead poisoning. Like other physicians he had always treated these accidents by the free use of evacuants. Upon the supposition that the principal symptoms are due to an affection of the sensitive and motor nerves, and knowing the great influence of cold, either directly or through the capillaries, upon the nervous system, and thus upon the secretions, the idea of a rational treatment, by the application of cold *intus et extra* suggested itself to him. The experiment being a harmless one, he felt justified in trying whether “the sensibility and secretions of the intestines could not be modified by the action of cold as well as by that of the evacuants” which he and others had always employed. He was successful, and now he had used the treatment “in more than forty cases of workmen showing the early symptoms of lead poisoning, and have found it sovereign.

“As soon as I see the patient I order him some iced drink, lemonade for example, occasionally adding a little wine. At the same time I order three cold water injections daily, the water to be retained in the rectum as long as possible. In addition to the cold drinks and injections, the patient is subjected to hydrotherapy morning and evening, and, in some cases, a shower-bath is given at noon. This may be from a hose-pipe, or the ordinary shower-bath, and should never last more than a minute. The action of this douche is not simply refrigerant, but is much more profound and general, stimulating the capillary vessels, which contract, at first, driving back the blood, and then expand, allowing a free return. Sometimes the action of the glands is increased, and a light perspiration covers the body. These effects of hydrotherapy are very manifest and very active, and one can understand that the activity of the tissues is renewed. To these different means I add a cold poultice in order to retain a constant refrigeration.

“Take a large linen or cotton cloth, and on it spread a layer of linseed meal half an inch thick. Upon this place pieces of ice about the size of a hen’s egg; then add another similar layer of meal, and then fold the cloth over so as to inclose the whole. Apply this to the abdomen, and the gradual melting of the ice keeps up the influence of the refrigeration for some three hours. This powerful agent I employ, not only in lead colics, but in all cases in which such action is indicated (such as typhoid fever and peritonitis, for example), and greatly prefer it to the application of ice in bladders, which is sometimes intolerably painful to the patient. By the treatment just described the most speedy results are obtained, and I have seen the disease entirely cured in from two to seven days. In the forty cases observed by me, with two exceptions, all the symptoms of nervous trouble have disappeared as if by enchantment. The progress toward cure is this: during the first three days the constipation persists, and the injections are returned as they were given; the pain, however, disappears. On the fifth or sixth day the fœcal matter, more or less softened, is rendered natural, and the cure is complete.

For a long time this treatment appeared so simple that I regarded it as purely palliative; to-day, however, I consider it a powerful curative agent, acting upon the capillary and vasomotor systems, and putting in play the natural secretions and excretions, thus aiding the organism to free itself from the poison which has manifested itself by a profound disturbance of the nervous system. It is by resorting to this, its activity and molecular action, that cold is curative to such an extent.”

HYDROPHOBIA CURED BY SALIVATION.—A new remedy for this most distressing of maladies comes from Northern India, and is attested by the medical officer at the Hooshiarpur Charitable Dispensary. “The patient on admission was suffering from violent and frequent attacks. He was tied on to a chair, surrounded with blankets, leaving the head free; a large vessel of boiling water was placed under him, and a mixture of equal parts of mercury and sulphur well rubbed together were placed in a broken piece of chatty over a charcoal fire, and put along side of the vessel of boiling water; 15 grains of calomel were given at once, and 5 grains repeated every hour, the mercurial vapor bath being kept up until all the symptoms subsided. In about four hours the man was perfectly calm and free from bad symptoms; he was removed from the chair and placed on a bed. The after treatment was simply tonics, nourishing food and gargles, etc., to remove salivation.”

SUPPURATION AND PHTHISIS.—In connection with the custom of setoning cattle “to prevent their making too much blood,” *The Lancet* gives some facts which, it seems to us, may apply to every day practice. We quote;

“A curious and important application of the new doctrine of the artificial production of tuberculous diseases in rodent animals, by setting up severe local irritation in the integuments of the back of the neck, has, during the course of the week, been made in reference to the common practice of setoning young cattle. Dr. Sanderson’s experiments show that, by placing a seton through the neck of a guinea-pig, so as to set up subcutaneous suppuration, a series of changes are observed in the internal organs—the lungs and liver especially—of these animals, when killed some time afterward, constituting what pathologists call phthisis, or, in plain English, consumption. * * * The produced disease in the internal organs depends, according to Dr. Sanderson, on the affection of the subcutaneous lymphatic glands, their overgrowth and fatty degeneration, and on the multiplication of foci of suppuration under the skin. * * * There can be no question that the results of recent experiments go to prove that in any animal the maintenance of the suppurative process for a long time is likely to be attended with danger; that its bad effects may extend far beyond the mere constitutional exhaustion which is its immediate result. Hitherto observers have been disposed to regard the dangers and evils arising from continued suppuration as merely immediate—in other words, dependent on its exhaustive effects. Now our attention is directed to more remote and more serious consequences; and on this point Dr. Dickinson’s researches on the connection between amyloid degeneration and suppuration throw some light.”

If the statements made by Dr. Sanderson be correct, (and his deservedly high reputation leads us to accept them unhesitatingly,) it would seem that the usual practice as regards the treatment of fistula in patients of phthisical diathesis, is entirely erroneous. Nearly all authors and lecturers on surgery have hitherto agreed in showing reluctance to operate for fistula in cases where there existed a supposed tendency to pulmonary disease, and in advising that if the fistula be cured, a seton or issue be inserted in the arm or elsewhere, to avoid checking the suppurative process too suddenly. We are told that pulmonary symptoms are likely to be developed *as the result* of curing the fistula. May it not be, however, that such symptoms are the manifestations of a process which has been accelerated, if not produced,

rather by the *existence* of the fistula than by its cure? Is it not possible that if fistula (or the abscess which precedes fistula) were dealt with at a sufficiently early stage, the culmination of the phthisical tendency might be postponed? We all know the debilitating effects of suppuration, and we know, moreover, that a phthisical patient requires all his strength to prepare against the threatened invasion of disease. The question, then, (more especially in the light of the experiments we have quoted above,) is whether it would not be sounder practice to operate at the earliest stage possible, and to combat the suppurative tendency by tonic treatment, than to defer the operation until the patient is nearly exhausted, and even then to create a supplementary drain upon his enfeebled system?—*N. Y. Med. Gaz.*

CROUP TREATED BY GENERAL FOMENTATION.—Dr. Henry E. Norris writes to the *British Medical Journal*, an account of three cases of croup successfully treated by “general fomentation.” His method is to wrap the child in a small blanket wrung out of hot water and to cover this with a larger dry blanket. In the first case described, this treatment was followed by expectorants; in the second, no other medication was employed; and in the third, (the patient being apparently *in articulo mortis*,) three grains of carbonate of ammonia were given in chloroform julep, every three hours. Dr. Norris does not state whether pseudo-membrane had actually formed, and therefore may be some doubt if the cases were true croup, but the treatment suggested is worthy of trial.—*Med. Gaz.*

THE BROMIDES.—In the *Pacific Medical and Surgical Journal*, for September, the editors express a wish to obtain the result of experience in the use of bromides. I may say I have used the bromides of potassium, ammonium, and iron, as well as pure bromine, extensively, when practicing in Australia and New Zealand. I have always found the bromide of potassium an infallible calmative of over-excitement of the generative system, arising from the effects of masturbation. To quote one case out of many:

A young man, aged 23, studying for the bar, consulted me for a train of nervous symptoms arising from the above pernicious habit, the practice of which he acknowledged. I gave him the bromide of potassium in ten grain doses three times a day, and nothing else. At the end of a week he returned declaring that he felt relieved from all erotic ideas when in the presence of females, which had previously troubled him, and all sense of unnatural desire had left him. I directed him, however, to continue the bromide for a couple of months, during

the whole of which time the medicine acted with undiminished effect. Being anxious to test whether the improvement arose directly from the medicine or from moral treatment, I changed it without his knowledge, and gave him an inert placebo. On the next visit, a week afterward, he stated in great alarm that he was as bad as ever, the old tendency tormenting him. Being an intelligent young man, I then told him what I had done, and advised him to continue the bromide, but to combine it with cold salt water bathing, and to take the treatment into his own hands, occasionally knocking off the use of the medicine, and if the old complaint returned, to return to the use of the bromide. He did so, and after three months more he returned to tell me he was able to do without the medicine altogether.—Dr. W. A. Thornton, in the *Pacific Med. and Surg. Jour.*

EXTENSIVE REMOVAL OF BONES OF THE FACE.—Dr. J. D. Rankin, of Palestine, Texas, reports in the *Galveston Medical Journal*, the “extirpation of the entire half of the superior maxillary bone, the whole of the malar bone, the entire inferior orbital plate of the superior maxillary bone, the orbital plate of the ethmoid bone, and the external angular process of the frontal bone forming the superior portion of the orbit of the eye,” involving of course the removal of the remains of the globe of the eye which had previously ruptured. The operation was for the relief of a necrosis, consequent to suppuration excited by a diseased tooth. He says “there was not a great deal of blood lost, and but little fever following it.” The patient made a rapid recovery.

SINGULAR CAUSE OF DEATH IN UTERO.—Dr. Philip Leidy, of Philadelphia, reports in the *Med. and Surg. Rep.*, a case of “death produced by the circulation in the umbilical cord being prevented by the ‘cord near the foetal end being tied into a knot.’” The child was well developed, but gave evidence of deficient nourishment, and had been dead about four weeks. Dr. L. supposes that “at some time during intro-uterine existence, the foetus in its movements, entangled the cord, though the entanglement did not, at the time, interfere with the umbilical circulation: as the cord increased in size, the calibre of the umbilical vessels was infringed upon gradually until the circulation was entirely cut off.”

THE NEW ANÆSTHETIC, BICHLORIDE OF METHYLENE.—Dr. Richardson claims for this substance the following characters:

1. It is an effective general anæsthetic, producing as deep insensibility as chloroform.

2. In action it is rather more rapid than chloroform, but to develop effects more of it is required, in the proportion of six parts to four.

3. It produces a less prolonged second degree of narcotism than other anæsthetics.

4. When its effects are fully developed, the narcotism is very prolonged, and is reproduced with great ease.

5. Its influence on the nervous centres is uniform, and it creates little if any disturbance or break of action between the respiring and circulating functions.

6. Its final escape from the organism is rapid, so that the symptoms of recovery are sudden.

7. In some cases it produces vomiting.

8. When it kills, it destroys by equally paralysing the respiring and circulating mechanisms.

9 It interferes less with the muscular irritability than perhaps any other anæsthetic.

10. It combines with ether and with chloroform in all proportions.

NEW USES OF IODIDE OF POTASSIUM.—Some useful suggestions in the treatment of two obstinate and frequent maladies are made by Dr. A. De Beaufort, in the *Bulletin de Thérapeutique* for January 30, 1868.

He reflected that iodide of potassium is freely eliminated in the tears, and in the uterine mucus. For this reason he tried it in full doses in cases of chronic inflammation of the lachrymal tube, and also in chronic metritis. His success was most decided. He says: "In cases of internal metritis, with abundant leucorrhœa, and all that train of circumstances which renders so many women miserable, I have often seen, when all other means have failed, prompt and marked amelioration, and in some cases, a positive cure, result from the free use of the iodide of potassium."

PEROXIDE OF HYDROGEN AS A REMEDY IN DIABETES.—Dr. John Day records (*Lancet*, Jan. 11, 1868) a case of diabetes which had resisted all ordinary treatment for three years, and which is now rapidly yielding under the influence of the ethereal solution of the peroxide of hydrogen, given in half-drachm doses mixed in an ounce of distilled water, three times a day.

GELSEMINUM.—Dr. J. C. Smith (Trans. of the N. Y. State Med. Society, 1867) calls attention to the use of gelseminum in epilepsy, and mentions the case of a patient afflicted with violent convulsions, chiefly at night, in which this agent was employed with benefit. The

patient had mild spasms in the course of the day, which were completely controlled by this article, and also, while under its influence, he was troubled with no nocturnal convulsions.

Dr. W. M. Smith alludes to a case of a lady troubled with spasms consequent on uterine cancer, where the modifying influence of gelseminum was evidenced in a high degree.

"Dr J. V. Cobb, of Rome, had resorted to its use in puerperal convulsions and hæmorrhage from the lungs. The dry preparation of Tilden he preferred to any tincture known to the profession. He had been much satisfied with the effect produced."—*Jour. of Materia Med.*

TREATMENT OF BILIOUS REMITTENT FEVER.—Dr. W. B. Harvey, of Canton, Miss., in a communication to the *New Orleans Journal of Medicine*, relates the following easy and rapid mode of subduing this very serious affection. It is to be hoped that others who adopt the practice may have results equally satisfactory:

"Regardless of the stage, grade, or duration of the fever, the patient is directed to take a half gr sulph. morphia, incorporated with grs. xv of blue mass, to be followed in half an hour by grs. x of sulph. of quinine (in pills) and at the same time a warm foot bath, the vessel to be placed in the bed and the feet kept in it for half an hour. The dose of quinine to be repeated in two hours. This, together with a little castor oil in ten hours, to prevent ptyalism, is the sum of treatment, and the result, in my hands, has been a profuse perspiration and a speedy subsidence of all the symptoms—pain in the head and back, thirst, etc., etc. The fever may be expected to be subdued in four or six hours. While all must regard such success as a great desideratum, many, I am persuaded, will receive my suggestion with distrust, and few, I apprehend, will have the boldness to subject it to a practical test."

SYPHILIS CONTRACTED FROM CIGAR STUMPS.—Mons. Ambrosoli reports in the *Giornale Italiano della Malattie Venerée*, two cases of syphilis contracted by chewing the stumps of cigars picked up in the street. The primary lesion was seated, in the one case, upon the anterior pillar of the soft palate, in the second case upon the palatine arch.—*N. Y. Med. Journal.*

TANSY IN EPISTAXIS.—Dr. O. P. Uhle has thoroughly tested *Tanacetum vulgare* as a remedy in epistaxis: it has never failed in his hands to control the hæmorrhage. Sometimes the simple aroma of the plant proved sufficient.—*Nashville Journ. Med. and Surg.*

IODIDE OF POTASSIUM IN CHRONIC METRITIS.—Dr. De Beaufort, in the *Bulletin de Thérapeutique*, says his success with this remedy has been most decided. In cases of internal metritis, with abundant leucorrhœa, and all that train of circumstances which renders so many women miserable, he has often seen prompt and marked amelioration, when all other means had failed, and in some cases a positive cure result from the free use of the iodide of potassium.

ARSENIC IN THE TREATMENT OF PULMONARY CONSUMPTION.—The clinical investigations of M. Moutard Martin lead him to place considerable confidence in the employment of arsenic in the treatment of pulmonary consumption. He finds it more suitable to cases slowly progressive than to such as are attended with fever. He has seen notable amelioration of the patient's condition from the use of arsenic, and in some cases actual suspension of the progress of the disease. He administers it in very minute doses, never exceeding two centigrammes, and considers perseverance in its use for a long time necessary to a favorable result.—*Gazette Médicale*.

BROMIDE OF POTASSIUM IN PUERPERAL CONVULSIONS.—A primipara, aged 18, was taken with severe pain near the fundus of the uterus. Morphia quelled the pain, but vomiting came on, with great craving for food. The following morning she vomited again, and was taken with convulsions. The child being dead, the membranes were ruptured to bring it forth, and purgatives administered. Chloroform, when used continuously, prevented the paroxysms, but there being no one to administer it, bromide of potassium, in fifteen grain doses, was ordered every hour. From this time until the termination of labor, 22½ hours, there were no convulsions, nor did they recur thereafter.—*Pacific Medical & Surgical Journal*.

A POWERFUL HYPNOTIC.—Hyoscyamine in combination with opium produces the most powerful hypnotic action possible. Each increases the effect of the other. Quantities of morphia and hyoscyamine, which of themselves are insufficient to produce sleep, will, when combined, speedily induce that condition. *Selection from Guestonian Lectures—Med. Gazette*.

PROPORTION OF FIBRIN IN THE BLOOD.—Some interesting experiments have recently been carried out by Herr Mayer, of Worms, who has recently reported the result of his experiments to the Academy of Sciences at Vienna. He procured fresh blood from the carotid of a dog by means of a canula, and extracted its fibrin by various meth-

ods. The analyses gave such discrepant figures that Herr Mayer's most important conclusion is, that we certainly do not know what is the normal proportion of fibrin.—*New York Medical Journal*.

REMOVAL OF THE SPLEEN.—M. Peau, a hospital surgeon of Paris, has successfully removed the spleen from a young girl, on account of a tumor connected with it. The operation was performed with great caution, and comparatively little blood was lost. M. Peau's house surgeon has published in *L'Union Médicale* an account of all similar operations that have been undertaken, including that of Mr. Spencer Wells.—*Lancet*.

DEPILATORY.—For hair that will persist to grow where it ought not, a mild depilatory like the following may answer: Dry carbonate of soda, two parts; quicklime, one part, in powder, mixed with lard, eight parts.—*Drug Circular and Chem. Gaz.*

ROSIN WEED, A REPORTED REMEDY IN ASTHMA.—The rosin weed, *silphium laciniatum*, is asserted by different persons to have cured obstinate cases of asthma. Dr. Dadd, the veterinarian, asserts that it will cure or alleviate the heaves in horses. Other species of this genus, also known as "rosin weed" are possessed of similar if not identical medicinal properties. A fluid alcoholic extract is the best form for administration, the dose being from twenty to forty drops.—*American Eclectic Med. Review*.

TESTIMONY AS EXPERTS.—At a recent trial in the United States Court in Chicago, Judge Drummond sustained a physician in refusing to testify as an expert, without having first received honorary fees therefor.

BATHS AND BATHING.—Baths should always be taken with especial care as to the temperature of the water. Much injury is done in leaving it optional with children or with the mothers as to the time for the patient to remain in the bath. Some persons cannot use a general bath, as it invariably produces catarrh or influenza. Such persons should never be permitted to go into a bathing-tub. Their peculiarities should always be inquired into in ordering a bath.

INDELIBLE INK (*without preparation*).—Rub together a half ounce each of nitrate of silver and cream of tartar, with two fluid ounces of aq. ammoniæ, and macerate for an hour with shaking. Then add to this a mixture of sugar, one drachm; gum arabic, one drachm and a half; lamp-black, forty grains; water, two ounces.—*Drug Circular and Chem. Gaz.*

A SENSIBLE LEGISLATURE.—The Legislature of Wisconsin is said to have passed a liberal law legalizing dissection, and also to prevent quacks from giving testimony in Court on medical matters, and from collecting fees. We commend this to the consideration of the *Solons* of the Michigan Legislature.—*Medical News and Library*.

[Consideration by the Legislature of Missouri, and their like action, would certainly be very desirable.—Ed.]

TO MAKE LINEN FIRE-PROOF.—A quantity of phosphoric acid lime is dissolved in water; to this a little ammonia is added, and the whole filtered and decolorized with animal carbon. It is then put on the fire and left to evaporate until it is concentrated, when gelatine and five per cent. silicic acid is added, and again reduced by evaporation to a crystalline substance, which is dried and pulverized. This powder is called "Hottina," from the name of the inventor. The cloth to be made fire-proof is dipped in a solution made of thirty per cent. of gum and thirty-five per cent of starch. The cloth, when dry, will be perfectly fire-proof and preserve its color.

WASH FOR CLEANING AND INVIGORATING THE HAIR.—Spirit of rosemary, two ounces; bay rum, one ounce; borax, one drachm; essence of bergamot, one half ounce; tincture of cantharides, two drachms; tincture of digitalis, six drachms; glycerine, one half ounce; distilled water, one ounce; mix. To be applied to the roots of the hair with a stiff brush.—*Jour. App. Chem.*

CURE FOR THE BITE OF A MAD DOG.—A writer in the *National Intelligencer* says: "Spirits of hartshorn is a certain remedy for the bite of a mad dog. The wound should be bathed constantly with it, and three or four doses diluted, taken inwardly, during the day. The hartshorn decomposes chemically the virus insinuated into the wound, and immediately alters and destroys its deleteriousness."

FOR THE TOOTH-ACHE.—At a meeting of the London Medical Society, Dr. Blake, a distinguished practitioner, said that he was able to cure the most desperate case of tooth-ache, unless the disease was connected with rheumatism, by the application of the following remedy: Alum, reduced to an impalpable powder, two drachms; nitrous spirits of ether, seven drachms; mix and apply to the tooth.

PIRIGOFF NOT DEAD.—The *Berliner Klinische Wochenschrift*, which some weeks ago confirmed the report of Pirigoff's death, now says that the rumor is happily not true, the distinguished surgeon still living at his country seat, near Kiew.—*Med. Times and Gaz.*

Humboldt Medical Archives.

NEW SERIES.

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IMPROVED HODGEN SPLINT

FOR TREATING SIMPLE AND COMPOUND FRACTURES OF THE FEMUR.

By E. A. CLARK, M. D., Resident Physician St. Louis City Hospital.

In presenting the following apparatus to the profession, for the treatment of fractures of the femur, it is claimed that it possesses advantages not recognized in other appliances now in ordinary use for that purpose. Its practical utility is the more apparent because of its ready adaptation to all varieties of fracture of that bone, whether simple or compound. It is, however, in treating the latter form of fracture that the advantages of the apparatus are especially appreciable. The convenience and comfort it affords to the patient cannot be secured by any other mode of dressing now in use. While we do not deny that good results may be secured by all the various appliances generally used in treating fractures of the femur,—even the most ancient methods, not excluding the expectant plan in some instances,—yet we cannot but ignore the long splint of Physic and Desault, with its excoriating perineal band, as being not only cruel to the patient, but uncertain in securing the proper length of the limb, where there is any considerable degree of shortening.

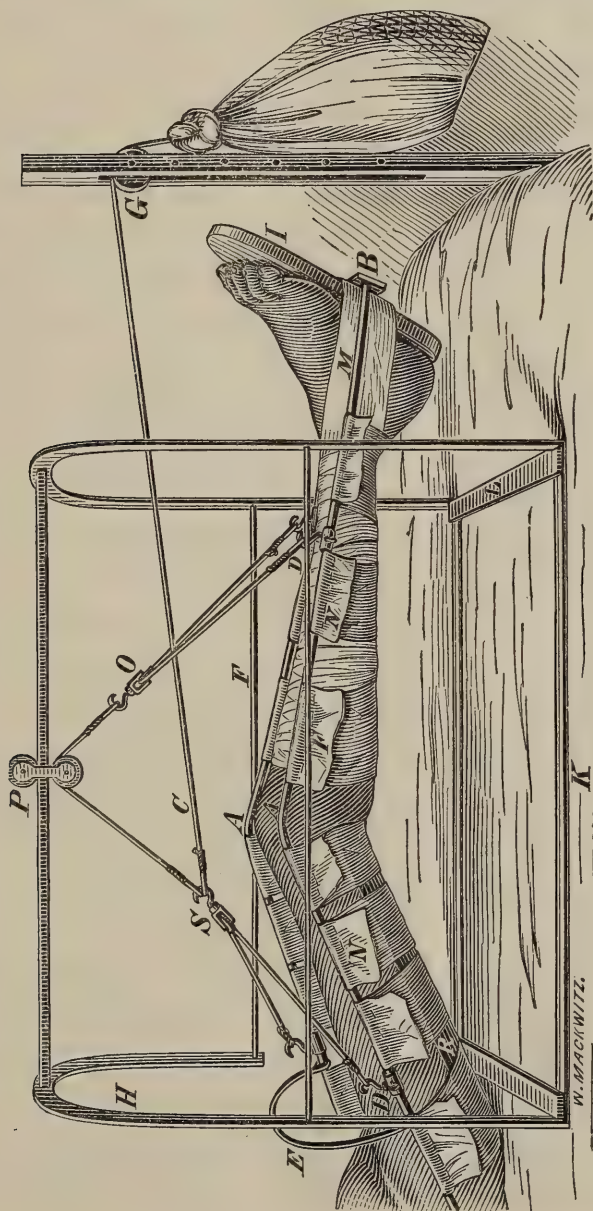
These objections, however, do not apply to all the forms of fixed dressings, and by fixed dressings I mean such as shackle the patient upon his bed without admitting of change in the position of his body. Some of these—such as combine the method of

extension by Swinburne—may rarely fail in securing the proper length of the limb, however much it may have been shortened; but with the exception of the starch bandage—which is too unsafe to be used in any case of oblique fracture—all these appliances are objectionable in that they do not allow the patient sufficient liberty of motion, but keep him confined too constantly to one position, which in many cases materially affects his health, especially where other injuries or complications accompany the fracture; while in no instance can the patient be made so comfortable during the period of his treatment, confined, as he must be, by the ordinary dressings, as when he is permitted to change the position of his body and limb at will, as is the case when dressed upon the apparatus herewith represented.

This apparatus, as illustrated by the accompanying wood-cut, needs but little description to indicate the manner of its application. The arch and pulleys upon which the limb is suspended, are exactly the same as those of my splint for treating fractures of the leg, as published in the HUMBOLDT MEDICAL ARCHIVES for January, 1868. The arch should be turned of iron bars, one-eighth of an inch in thickness and half an inch in width. The top of the arch (H) should stand eighteen inches from the surface of the bed, while the width of the frame at the bottom (L) should be fifteen inches, and its length (K) twenty-four inches. The two arches are braced upon each other by the two slender bars (FF) at either side, and the rail at the top upon which the pulley (P) glides. This rail, to prevent bending, should be made of steel, three-eighths of an inch in width and one-fourth of an inch in thickness, with its broad diameter placed in the vertical position, and fixed with a thumb screw at one end, so that the rail may be withdrawn to apply the pulley. It will be observed, that the arch at the proximal end is cut away at the inner side below where it joins the lateral bar (F), the object of which is to allow the patient to use the other limb more freely.

The splint of Dr. Hodgen, upon which the limb is mounted, consists of iron rods (AA) one-fourth of an inch in thickness, placed parallel on both sides of the limb, extending its whole length and transversely across the bottom of the foot, much after the

manner of Smith's anterior splint. The limb is then adjusted in the splint by placing it in position, and pinning strips of bandage (NN) four or five inches in width, over the bars on either side, constituting the floor of the splint, upon which the limb is allowed to rest in the suspended position; adding, however, as will be seen in the diagram (R) a sheet of paste-board five inches in width, extending from the nates to the knee upon the posterior surface of the thigh, thus giving a more equable support to the limb at the point of fracture. These bars upon which the limb



is supported, are prevented approaching too near to each other or to the limb, by an iron bow (E) holding them in position at their upper extremities.

The attachment for extension is by means of the adhesive strips (M), extending to near the knee and passing around the footpiece (I), to which is attached a small bracket (B), which hooks over the lower end of the main splint. Then the limb is suspended by the four hooks (DD), which are attached to thimbles that slide back and forth upon the bars, and are fixed at the desired point by means of thumb screws in their outer sides. The limb now being suspended, the extension is made by means of the cord (C), attached to the hook in the pulley at (S), passing forward between the cords playing over the pulley at (O), to drop over the pulley (G), fixed in the slender post at the foot of the bed, and then attached to a sandbag of sufficient weight to make the necessary amount of extension. The weight ordinarily required for an adult will be from 10 to 15 pounds. Now with the limb completely adjusted in the apparatus, the axis of the femur may be changed to any line by sliding the thimbles nearest the foot forwards or back, which will elevate or depress the leg, and in doing so will produce just the opposite effect in the position of the thigh. Or again, the same can be accomplished by sliding the thimbles at the thigh back or forth. Or the axis of the femur may be still more conveniently adjusted, by gliding the pulley (P) back or forth upon the suspension rail, which, as will be seen by a glance at the diagram, if the pulley be drawn towards the body, will have the effect of elevating the thigh and depressing the foot, and *vice versa*. Then by means of the lateral movement in the pulleys (S,O), the patient is enabled to rotate the limb sufficiently to allow him to lie upon his side if he desires, or if it becomes necessary. The only counter-extension required with this dressing is the weight of the body, which is quite sufficient in all cases; for even though the patient should gradually slip down in bed, the extension is constantly the same until his foot reaches the post at the foot of the bed, when, without any assistance, he can draw himself up in bed again, the whole apparatus connected with the limb coming back with the pulley (P) upon the suspen-

sion rail, when the body is drawn upwards. Thus it will be seen that the patient is enabled to execute many movements of which the sound limb is capable, without in any way modifying the force of extension or changing the axis of the femur. Even though the patient desires to sit up, or lie upon his side, as he is often compelled to do because of bedsores, or other injuries upon his back, the position of the fracture is not in the least affected or union retarded. Neither does it matter at what point the fracture occurs, whether in the shaft of the bone or the neck, without or within the capsular ligament, the result will be all the same. Though it has been urged and may be thought by some, as an objection to this apparatus, that the great degree of motion allowed to the limb will admit of too much mobility in the fracture, such objections are altogether theoretical, for it must be apparent that with any ordinary movement of the limb, the motion will take place at the point where there is the least resistance, which would of course be at the joint and not at the point of fracture. It will readily be seen that as the weight of the limb is supported as much upon the upper as upon the lower fragment, and the entire limb carried alike in every movement, the whole length of the thigh being supported upon the sheet of paste-board on the floor of the splint, it is impossible for any motion to take place at the point of fracture without direct force being exerted upon the fractured extremities. This apparatus is also peculiarly adapted to the treatment of compound fractures of the femur, as that portion of the limb, not being encumbered by bandages or splints, is always exposed to view, and made convenient for the application of dressings; while the strips of bandage beneath, upon which the limb is supported, can always be readily removed when they become soiled, and replaced by new ones without disturbing the position of the limb. That portion of this apparatus consisting of the iron bars on the sides of the limb, the strips of bandage constituting the floor of the splint, with the adhesive strips attached directly to its lower end, without the intervention of a footpiece, and the lateral pullies, was originally devised by Prof. J. T. Hodgen, some seven years since, but the suspension and extension was made from the ceiling, after the

manner of Smith's anterior splint; and though almost universally successful in securing good results with this method, we think our plan of suspension and extension preferable, both for its convenience, and the dangers to success that it obviates. When the extension is made from the ceiling, the cord must be placed at a certain angle of obliquity, to insure the necessary amount of extension to maintain the proper length of the limb. Then, if, as will invariably be the case, the patient slips down in bed, the force of the extension will be diminished just in proportion to the diminution in the angle at which the cord is attached. But with the extension by the sand bag, this danger is entirely obviated by the uniform traction exerted upon the limb, in whatever position the body of the patient may be placed. We have recently treated six cases of fracture of the femur, by this method, with no shortening or deformity in a single case. Of these, one patient was a delicate female 60 years of age, with an extra-capsular fracture of the neck of the femur, with a contusion upon her back, that required her to lie upon her side most of the time during the ten weeks her limb was kept suspended. In another case—that of a man 56 years of age, with a fracture at the middle third of the femur, which from unnecessary interference was prevented from uniting,—at the end of fourteen weeks (now eight weeks since) I performed the usual operation for ununited fractures, by lacera-ting the fractured surface with a gorget, and readjusted the limb upon the apparatus as before, and the fracture is now becoming quite firm and will soon be a successful cure, without any deformity or shortening of the limb. I feel confident that a single impartial trial of this apparatus, will satisfy any one as to its practical utility, and that no other apparatus has yet been devised, so fully to obviate the many inconveniences attending the treatment of the class of injuries for which this is especially adapted.

TAPE WORM.

AN INTERESTING CASE OF CO-EXISTENT *TÆNIA SOLIUM* AND *TÆNIA LATA*.

By F. HINKLE, M. D., of Columbia, Lancaster Co., Pa.

While a portion of the "Gulf Squadron," to which I was attached during 1861-2, was lying off Key West, Florida, my attention was called, during a visit to the hospital connected with the United States Barracks at that place, to the successful treatment of tape worm, that was there being practiced.

I saw, while there, from a dozen to twenty "recent specimens," and a number of "cases," then under treatment. Upon inquiry I was informed that the remedy used, was one that had acquired quite a reputation at San Antonio, Texas, where it had been prepared and sold by a druggist, at almost fabulous prices, as a specific for tape worm, which it had in reality proven itself at Key West, where, for some reason, the affection seemed unusually prevalent, and the remedy had been efficacious in every unmistakable case—and they had been numerous—in which it had been used.

From the hospital steward, by whom it was prepared, I learned that it was a concentrated decoction of the bark of the pomegranate root, prepared by boiling four ounces in a quart of water, to twelve fluid ounces; the manner of using which, as I was kindly informed by the surgeon in charge, was as follows: The bowels must be first thoroughly evacuated by a full dose of castor oil, given in the morning, fasting, and then *after a total abstinence from both food and drink for twenty-four hours*, the remedy, divided in three equal doses, is to be given three hours apart or until the desired effect is produced, after which the most bland diet is first allowed, and gradually increased as the stomach will tolerate.

The first case of the affection that I since met with was during the past winter;

N. B., a tailor; native of Germany; married; about 30 years of age, informed me that he had been under the treatment of several eminent European practitioners, by whom he had been treated for various suspected ailments, but without benefit, and was finally advised, as affording the only chance of recovery, to try the effect of a "sea voyage" and change of climate, and to secure the benefit or advantage of both, he concluded to come to this country. He reached New York with his health further impaired, rather than benefited by the voyage, after which all his symptoms rapidly aggravated, until, when he came under my care, some months after, he presented much the general appearance of an individual in the very last stage of phthisis. He was extremely emaciated and anæmic, and so debilitated as to be scarcely able to walk alone. In fact he required almost constant assistance to enable him to move about, and attend to the ordinary calls of nature. His tongue was heavily furred and his breath extremely offensive; he had almost constant nausea, an occasional hacking cough, and expectorated large quantities of glairy, viscid mucus. His appetite was variable; at times it was voracious and at others he had complete anorexia; his abdomen was much distended and flatulent, and the alimentary canal irritable, with frequent mucous diarrhoea, with occasional tormina and tenesmus. He also complained of almost constant creeping, grinding or gnawing sensations in the stomach and bowels, and frequent headache and dizziness, with restlessness and insomnia. The gnawing sensation and vermicular motion was most marked during fasting, and was most generally relieved by a meal consisting largely of molasses. Within the last few weeks he had on several occasions noticed during defecation, the passage of "something like strings," and consulted me on that account.

My diagnosis of tænia was confirmed by an examination of a portion of the "strings" referred to. The indications were evident; but my patient was so extremely emaciated, and so exceedingly debilitated, that notwithstanding the most critical examination could detect no organic lesion of any of the viscera, I was really apprehensive he could not endure the medication and treatment necessary to relieve him of so troublesome a tenant of his alimentary canal.

To meet the immediate indications I ordered him a mild mercurial cathartic, which was followed by an antacid mixture of chalk and bismuth, by which the excessive irritability of the stomach and bowels was much relieved. Fearful of the effect of the violent action of the pomegranate root, in his prostrated condition, I determined to try first a less powerful remedy, and accordingly after evacuating the bowels by a full dose of castor oil, and a day's abstinence from food and drink, ordered him: *Ry.* Ol. terebinthina, \mathfrak{z} j, with santonin, gr. viii, to be given in two doses, two hours apart, in syr. acacia and water, with the effect of bringing away a *tænia solium*, over eighteen feet in length, which the patient rejoicingly brought me during the day. He complained exceedingly of the action of the medicine; that it had made him deathly sick, and had caused him severe pain and tenesmus. He had voided the worm about three hours after taking the second dose of the medicine, and soon after—as soon as the sickness subsided—felt entirely relieved from all his preceding symptoms. He was ordered bland farinaceous diet, which was changed to nutritious broths, and full nutritious diet as tolerated by his stomach, and under this he so rapidly improved in health, strength, flesh and spirits, as to encourage me to hope for a perfect recovery.

About a month later he again complained of abdominal uneasiness, and other symptoms that gave unmistakable evidence, either that the entire worm had not been gotten rid of, or that there was a second one. About two weeks later, his strength and general health being much improved, I determined to try the effect of the preparation of cort. rad. granati.

As an improvement upon the decoction, Mr. Myers, an accomplished and obliging druggist of this place, suggested its preparation as an aqueous extract, and prepared for me a very elegant and efficient article from the following formula: *Ry.* Pulv. cort. rad. granati, \mathfrak{z} iv, percolate with boiling water to oij, and evaporate carefully to six fluid ounces.

After the preliminary purgation with ol. ricini, and total abstinence from food and drink for twenty-four hours, he was ordered to take a dose—two ounces, or one-third of the preparation—

every three hours until the worm was expelled. The first dose produced but slight nausea and epigastric uneasiness; the second caused much nausea and intense pain and fulness in the head, and the third, severe emesis and violent purgation, with the effect of bringing away a *tænia lata*, over fifty-four feet in length. The purgation and nausea with occasional emesis continued for several hours longer, but gradually subsided, after which, as before, he brought the worm to my office, perfectly elated with the result of the severe treatment to which he had been subjected.

As before, he was ordered a bland liquid diet, which was gradually increased to full, after which he made a rapid convalescence. All the various functions were regularly performed and he steadily gained in flesh and strength, and now—six months since—is in the enjoyment of excellent health.

The case I look upon as alike interesting in showing the extreme condition to which the patient may be reduced by these parasites, and yet recover upon their removal; the rapid convalescence which may follow their removal, and the efficacy of the remedy used; and not less so as furnishing another of the rare instances of the coexistence of the two varieties of tape worm—the *tænia solium* and *tænia lata*—in the same subject.

DOUBLE FRACTURE OF THE PATELLA.

By A. HAMMER, M. D., Professor of Principles and Practice of Surgery, &c.,
in the Humboldt Medical College.

On the 16th of May last I was called in consultation, by my friend, Dr. Chas. Hauck, to see a case of fractured patella, in a man æt. 45 years. The accident had happened on the 9th of the month, just one week previous. The patient, a baker by trade, had fallen from his wagon, turning a partial somersault, and striking his left knee against the curb-stone. I found the entire limb greatly swollen in consequence of bruises, showing largely extended suggillations, and a tumor on the anterior surface of and covering the patella, the size of a large orange, consisting of extravasated blood—hæmatoma—and which prevented

the exact condition of the patella from being made out. The cyst was tapped and the greater portion of its bloody contents removed, the remainder being an inspissated grumous mass. The lines of fracture could then be readily distinguished, the chief one being transverse and situated in the upper half; another passed from its lower border obliquely upwards and inwards, meeting with the first one just at the inner edge of the patella, and thus including a triangular piece situated between the upper and lower fragment. Fomentations of aromatic spirit were kept continuously applied to the part, when at the end of four days, the extravasated blood being absorbed, Gibson's ring was applied (May 20), and firmly secured to an easy-fitting, well-padded splint, placed on the posterior part of the limb. Additionally, a compress, consisting of a thin piece of wood, well covered, was bound on the front or anterior surface of the patella (a deviation from Gibson rendered necessary by the riding of the triangular fragment), and correct adaptation was thus obtained and the treatment closely followed out. On the 18th of June—in less than a month—firm osseous union had taken place. This appeared evident not only from the firmness and unimpaired function of the patella, but also from the presence of two linear projections—ridges—formed of callus, corresponding to the lines of fracture.

It has been thought that fractures of the patella seldom, if ever, terminate in osseous union. This I believe to be erroneous and I attribute the unfavorable results to the imperfect means employed of securing correct adaptation. Gibson's ring secures approximation and continued immobility of the fragments, and I feel assured that hereafter osseous union will be the rule, as heretofore it has been the exception.

Another great advantage connected with this plan of treatment is, that the patient is not necessarily confined to his bed. My patient, after one week's application of the apparatus, left his bed every day, partly sitting in a chair, partly walking about the room with the aid of a cane, the ring, etc., of course meanwhile kept on. After the second week, he was most of the time up, and walked without assistance. The ring was removed June 18, the posterior splint, however, being retained a few days longer.

The apparatus so completely secures immobility by preventing, 1st: flexion of the leg upon the thigh, and 2d: contraction of the *quadriceps femoris*, that I should not hesitate to allow my patient to be out of bed immediately after its application.

FRACTURE OF THE SURGICAL NECK OF THE HUMERUS, SUCCESSFULLY TREATED BY CLARK'S METHOD.

By H. McDOWELL, M. D., St. Louis

Fractures of the surgical neck of the humerus are usually attended with such difficulties, in treatment by the ordinary methods, and the results are so unsatisfactory in many cases, that we have been anxious to accept any modification offering a reasonable hope of better success. The indications for successfully treating oblique fractures of the humerus at this point, are by no means met by placing a pad in the axilla, as is usually practised; for where the obliquity is from without inwards and downwards, the pad cannot but have the effect, by tilting the upper end of the lower fragment too far outward, of increasing the displacement rather than diminishing it; while, on account of the shortness of the upper fragment, the pad in the axilla cannot be brought to bear upon its inner side without producing a degree of pressure upon the vessels and nerves that the patient cannot tolerate. To obviate these difficulties, I was induced to resort to the apparatus of Dr. E. A. Clark in treating the following case, and found it so admirably adapted to this class of fractures, and the result so satisfactory, that I feel that the profession ought to be made acquainted with this method of treating a fracture, ordinarily so difficult to treat.

On the 19th of May last, I was called to see a man 56 years of age, who, while attempting to get upon a street car, while it was in motion, fell upon the point of his elbow, and fractured the humerus at its surgical neck. The fracture being oblique, and the displacement considerable, with shortening of limb, I immediately applied Dr. Clark's method of extension by the

sand-bag, as used by him in the treatment of his cases in the City Hospital, and demonstrated before the Missouri State Medical Association at its last meeting in this city, and since published, with illustration, in a former number of this journal. The dressing consisted of two strips of adhesive plaster, about three inches in width, one placed upon either side of the arm, extending up to near the axilla, and beyond the point of the elbow below, so as to allow the attachment of the cord from which the sand-bag was suspended, the elbow being flexed at an angle of forty-five degrees.

During the first two weeks after the injury, the patient was kept confined to his bed most of the time, and the only dressings applied to the arm were the adhesive strips, to which the cord was attached, which was carried beneath the bed-clothing to play over a pulley placed at the foot of the bed, and there attached to a sand-bag weighing four pounds. This weight kept the arm extended to its proper length, and at the same time maintained the fracture in perfect position, without causing pain to the patient. After the first two weeks, the patient was allowed to walk about during the day, with the sand-bag attached close to the point of the elbow, and reduced in weight to two pounds; but on going to bed the weight was suspended from the cord as before. During the time the patient was allowed to walk about, two paste-board splints were applied to the arm, one on either side, only with the view, however, of steadying the muscles, and exhausting in a greater degree their tonicity. At the end of eight weeks the dressings were removed, and the union found to be firm in the fracture, with no deformity whatever, and the patient had perfect use of his arm from the day the dressings were removed. During his entire treatment this patient suffered much less pain than he would have done, dressed with the ordinary appliances for the treatment of such fractures, and certainly suffered less inconvenience from restrained liberty of motion than he would have done with any other form of dressing.

Dr. J. J. McDowell visited this case with me, and concurs in the opinion that this apparatus is superior to all others yet devised, for the treatment of this class of fractures.

RUPTURE OF THE UTERUS,

AND SUCCESSFUL GASTROTOMY.

By E. MILES WILLETT, M. D., Memphis, Tenn.

After reading the Proceedings of the St. Louis Medical Society—particularly the discussion on Rupture of the Uterus—published in a recent number of the ARCHIVES, I am induced to furnish for publication in it, the history of a case of successful Gastrotomy which occurred in my own practice.

In the summer of 1859, Mrs. V., aged twenty-one, a native of Italy, was delivered with forceps, at full term, by Dr. Frayser and myself. The child was born dead, owing to the tedious labor and prolapse of the umbilical cord. In 1860 she was again delivered with forceps of a lifeless child. The following year, she returned to Italy, and was confined near Genoa. When the waters broke, an arm came down, the accoucheur turned and delivered, but the child perished. After each labor, the convalescence was speedy, and without a single bad symptom.

On Sunday night, March 20th, 1865, she was again seized with labor, but as the pains were inconsiderable, the physician was not disturbed until four o'clock, A. M., when my partner Dr. Frayser, was summoned to her assistance. After making an examination, he did not deem it necessary to remain, and consequently returned home. At eight o'clock he visited her again, but perceived nothing remarkable in the case—the os uteri was soft and dilated, while the child's head seemed about to engage in the superior strait, but the pains [were neither frequent nor hard, and there was but little sympathetic disturbance of the system.

At nine o'clock Dr. Frayser told me that Mrs. V. was in labor, and as he anticipated difficulty, very kindly requested me to see the case with him.

We found the patient somewhat restless and disturbed in mind.

She had vomited freely, and was throwing up bile when we entered the room, but had not had a labor pain for half an hour. The blood in the vagina, the recession of the head, the absence of labor pains, and the irregular surface of the abdomen, through the walls of which could be distinctly felt an elbow, made the diagnosis of Rupture of the Uterus absolutely certain, although the attendants did not think that she suffered much, and could not remember any particular agonizing pain.

After consultation we decided to perform Gastrotomy. The sudden announcement of the exceedingly dangerous condition of the patient, and the explanation of the proposed formidable operation, produced such an effect [on the feelings of her husband and friends, as can *only* be imagined. That they should have withheld their consent, for a while, to the performance of an operation, which offered so little prospect of success, is not surprising. In the midst of this delay, the patient herself requested us to do whatever we deemed best. At twelve o'clock, therefore, two hours and a half after the rupture occurred, I commenced the operation, assisted by Drs. Frayser and Grant, by making an incision in the median line, through the skin and cellular tissue, from below the umbilicus to within an inch of the pubes; but as this would not give sufficient room, I extended it upward and to the left of the umbilicus. I then opened the peritoneum, and with a probe-pointed bistoury, guided by my finger as a director, completed the incision. We found that the child and the placenta had been expelled by the uterus into the cavity of the abdomen, the child's head rested on the brim of the pelvis, and the uterus had contracted sufficiently to prevent exhausting hemorrhage. After removing them, we sponged out the blood and amniotic fluid as well as we could, drew the edges of the wound together with interrupted sutures and adhesive plaster, adjusted the body bandage, and ordered cold applications. During this time, the patient was fully under the influence of chloroform. The pulse was ninety-six, and sufficiently full before the operation; one hour afterward, it increased to one hundred and ten. During the night she took six drachms of elixir of opium.

Tuesday, 9 A. M. Pulse one hundred and ten, and full; skin hot; abdomen tympanitic, but without tenderness; passed water during the night, and rested tolerably well. Ordered six drops of *veratrum viride* to be taken every three hours—one grain of calomel every two hours—elixir of opium in sufficient doses to relieve pain—vaginal injections of tepid water, and cold applications over the abdomen.

Six P. M. Pulse one hundred and twenty; tympanites very considerable; ordered mist. *assafoetid.* to be injected into the bowels.

Wednesday, 9 A. M. Bowels moved twice; tympanites relieved. Pulse ninety-six; skin moist; passed urine several times without inconvenience; slept well; lochia good. Discontinued the *veratrum* and calomel.

March 23rd, 9 A. M. Pulse eighty-four; skin moist; no tympanites; bowels moved once; vomited once during the night, but rested well.

Vesperi. Pulse eighty-four. Patient complains of pain in the abdomen, has troublesome nausea, and has vomited several times during the day. Ordered starch and laudanum injections, and turpentine to be applied over the region of the stomach.

March 24th, 9 A. M. Pulse ninety-six; skin moist; passed water; bowels moved; vomited once, but rested well.

Vesperi. Pulse ninety-six; vomited bile; thirst increasing; tympanites considerable; patient more comfortable, with legs drawn up. Ordered enema of mutton tea.

March 25th, 9 A. M. Pulse one hundred and eight; bowels moved frequently; vomited bile; nausea continues. Dressed the wound, which looks very well. Ordered lime water and milk, and injections of starch and laudanum.

March 26th, 9 A. M. Pulse one hundred and ten, feeble; bowels moved twelve times since the last visit; vomits bile occasionally; no tympanites; skin moist; kidneys act well. Ordered animal broth, and brandy, and opiate injections.

Vesperi. Bowels moved frequently, sometimes with pain; vomiting continues, but at longer intervals. Patient complains of general distress.

March 27th, 7 A. M. Pulse one hundred and eighteen, with sufficient strength; no tympanites; no tenderness; lochia slight. During the night bowels were moved frequently, but only twice to-day. At present she is very comfortable, and quite cheerful. She has taken chicken water, and a small quantity of Chateau Margeaux. Ordered elixir of opium, *pro re nata*.

March 30th. Pulse one hundred and eight; lochia dark, profuse and exceedingly offensive; abdomen tympanitic, but without pain; skin natural. Changed adhesive straps and removed sutures. The wound was well united, except at the lower portion. Ordered four drops of nitro-muriatic acid to be taken every four hours, and vaginal injections of diluted permanganate of potash.

March 30th. Pulse one hundred and eight; lochia unchanged; abdomen greatly distended. Patient is low spirited, and refuses to take the acid. We substituted bisulphite of soda, and ordered mist. assafoetid. to be injected into the bowels.

April 1st. Pulse one hundred and eight, good strength; bowels moved once; distention of the abdomen reduced; passed water as usual: tongue looks well; rested comfortably.

April 3rd. Wound entirely united; pulse one hundred and eight; bowels in good condition; vaginal discharge considerable and very offensive. Ordered diluted chlorinated soda to be alternated with the permanganate, as an injection. From this date, the vaginal discharge gradually diminished, and became less offensive; and under the influence of iron, wine and nutritious diet, the patient, in a few weeks, regained her former health, and strength, and beauty.

In due course of time the menstrual function was established, and since then has been regularly performed in a physiological manner. She is now in the enjoyment of excellent health, and has not had occasion to be prescribed for since the operation.

BROMIDE OF POTASSIUM AS A CERTAIN PALLIATIVE IN ALL DISEASES CHARACTERIZED BY REFLEX PHENOMENA.

By G. C. CATLETT, M. D., St. Joseph, Mo.

In the July number of the *New York Medical Journal*, W. F. Monroe, M. D., of the Boston Dispensary, has recorded thirty-six cases of chordee, in which bromide of potassium was administered with very unsatisfactory results. He concludes hence, that it is incapable of relieving this painful accompaniment of gonorrhœa, and suggests that he makes this record of a "little negative evidence, because there is a tendency in the profession to consider the bromide of potassium a specific in all diseases." It is true that the profession is too apt to magnify the virtues of, and lay claim to a boundless range of uses for, every new remedy which has any remedial virtues or influence, over either physiological or pathological functions or structures; and a review of the thirty-six cases referred to suggested to my mind, that the reporter misapprehends the pathological condition of the structures involved, of which chordee is but an inevitable and mechanical result, or, that he attributes to the remedy, virtues and powers which it does not possess.

My desire that the valuable and potent medicine in question, shall have an impartial trial and have a correspondingly fair record, and my tender regard and sympathy for the unfortunate sufferers from chordee, induces me to request a space in your journal, for the expression of my views of the pathology of this affection or trouble, and a record of my experience in the use of this and other remedies in its treatment.

I know that some authorities do not coincide in the generally accepted opinion, that chordee is the result of inflammation, and that they believe it is due to simple spasm of the circular muscular fibres which have been shown to exist around the whole course of the urethra. Now it seems to me that to settle this im-

portant pathological question, upon which the proper treatment of the affection must be founded, it is only necessary to determine whether chordee exists without the presence of inflammation, or can exist where inflammation has not preceded it.

That I may be clearly understood, I will define what I consider chordee to be; and why, in my opinion, pain and muscular reflex contractions, accompanied with priapism produced by exalted nervous sensibility, is so often confounded with chordee:

Chordee is a painful affection produced by the erection of the penis, during or succeeding an inflammation of the organ, sufficient to produce "organizable lymph" in the reticular and erectile tissues of the urethra and corpus spongiosum, filling up their distensible tissues and producing such adhesions as to prevent their physiological distension during its erection. The curving of the organ towards the perineum, is due to the adhesions of the contiguous reticular and erectile tissues of the corpus spongiosum and urethra, and the unequal distension of their peripheral cells, their central cells being obliterated by the so-called plastic lymph, producing not only incurvation of the organ, but pain from stretching, and even laceration of the urethra, as well as of the new adhesions.

Priapism and satyriasis are symptomatic affections not dependent, necessarily, upon inflammation, nor upon a specific cause, nor are they dependent upon any voluntary idea, or normal desire for venery, but they usually arise from a hyper-sensitive and over-exalted nervous excitability, dependent upon some morbid cause producing vesical and urethral hyperæsthesia, congestion, irritation, and sometimes inflammation; and the accompanying pain is not dependent upon the incurvation of the organ but upon the distension of the sensitive urethra, and tension upon the sympathizing surrounding tissues. Priapism is, therefore, a reflex phenomenon, and not dependent upon inflammation, and the remedies efficient in chordee are inefficient for the relief of priapism. Chordee always exists during or after the subsidence of acute urethritis, and most frequently accompanies the second or inflammatory stage of gonorrhœa, and requires for its relief active and decided antiphlogistic treatment. I confine such a patient

to his bed, purge him freely, apply leeches to the seat of disease, and local sedatives, as ice-cold water, or water as hot as can be endured, and give him a bland and non-stimulating diet, with (when it is necessary to administer a sedative for the relief of pain and the prevention of erections) the following:

R.	Bromide potassium	℥ij,
	Pulv. camphoræ	℥ss,
	Pulv. assafoetidæ	℥ss,
	Battley's opii	℥jx,
	aq.	℥jv.

M. Fiat enema.

This, given by the rectum as often as necessary, will relieve the painful erections until the disease is subdued. In painful priapism and satyriasis, where the symptoms are due to reflex muscular contractions and not to inflammation, from 30 to 60 grs. of the bromide, with 10 grs. each of camphor and assafoetidæ, given by enema, has invariably relieved and prevented these painful reflex phenomena, until the cause producing them is eradicated. The bromide of potassium, like all nervous sedatives and opiates, is essentially a palliative and not a curative agent, but its range of usefulness is far greater than any other of this class of remedies. Experiments have shown that its effects are partly due to its direct local action, and partly to its absorption. It is also classed as an alterative, and is administered in a variety of diseases, by some of the most eminent of the profession, in preference to other powerful and long tried alterative medicines.

But I believe, whatever direct alterative effect it may have, that, unlike other alteratives, it acts through the nervous system, and that if we possessed more positive knowledge of the influence of the nervous system over secretion, assimilation and nutrition, we would be able to follow it through its mysterious searching after and election of disease, and discover how it relieves deranged functions, and influences abnormal structures. It has no equal in its influence upon, and control of those diseases which involve an exalted excitability of the nervous centres, and more especially in those rendered so peculiarly distressing by their reflex spasmodic effects. Hence its usefulness in palliating whooping cough, bronchitis, catarrh, epilepsy, irregular muscular contrac-

tions, infantile convulsions, chordee, satyriasis, nymphomania, spermatorrhœa, and all other diseases dependent upon or complicated with reflex phenomena. In some diseases of this class it has not only a palliative but a decidedly curative effect. The permanent relief it gives in some forms of epilepsy and in epileptiform diseases is established beyond question. There is one more fact to which I desire to direct especial attention: From an extensive experience in the use of the bromide in the class of diseases above mentioned, I have discovered that it acts with much greater rapidity and efficiency when administered by the rectum than when taken in the same dose by the mouth; and, especially is this the case when given for the relief of affections originating in or complicating the pelvic organs, both of the male and female. In dysmenorrhœa, uterine neuralgia, hysteria caused by hyperæsthesia, and congestion of the os and cervix uteri, it gives magical relief, administered in from one-half to one drachm doses by injection. I have derived the most satisfactory results from it, administered in the same manner, in urethral and vesical irritations and inflammations. In the epidemic of yellow fever which prevailed at Shreveport, La., last year, reflex phenomena constituted a prominent feature of the epidemic. The bromides, given by the rectum, relieved the spasmodic tendency and calmed the distressing nervous excitement, when it was impossible to administer it by the mouth, on account of gastric irritation, which is always an accompaniment of yellow fever, and which every physician familiar with the disease is so anxious to relieve and watchful to prevent.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives
by G. HURT, M. D., Librarian and Acting Secretary.

FRACTURE OF THE PATELLA.

Dr. Hammer reported a case of fracture of the patella, which he had seen in consultation with his friend Dr. Hauck, of this city, in which there were two fractures, one transverse and the other oblique, from below up—dividing the bone into three pieces. The case was treated by the application of Gibson's ring, with the addition of a compress over the patella, to overcome the tendency of the fragment formed by the oblique fracture to over-ride, and with the result of securing perfect bony reunion. Dr. H. eulogized "the ring," as being unquestionably the best means of treating this troublesome form of fracture yet devised. By it the fractured portions of the bone can be secured, and retained in *perfect apposition*; and with its use, he thought bony reunion would be the rule hereafter, rather than the exception, as heretofore.

[The case will be found reported in full in another place in this Journal.—ED.]

PAINLESS LABOR.

Dr. Whitehill reported a case of *perfectly painless labor*, the particulars of which he had learned from a patient whom he had recently attended in her second accouchement. In her recent labor, "the waters" had escaped *without any pain*, three days before he was called, and when called, it was more on account of the "show" she was having than on account of the pain, which was so slight that he did not apprehend her delivery—which (a footling presentation) was effected unaided a few hours later, and with but very slight pains—was so near at hand.

Her former—her first—labor, she said, *was entirely painless*. While dressing for a buggy-ride with her husband in the evening, she was so startled and alarmed at the sudden escape of a large quantity of water that she declined taking the ride. On the following morning while dressing, she was again alarmed by a sudden flow of blood, upon mentioning which to the lady with whom she was boarding, the doctor was sent for. The doctor saw her about 10 o'clock, and upon examination pronounced her in labor, and ordered ergot "to bring on her pains." The only effect of the ergot was to produce nausea; nevertheless, at about 12 o'clock she was delivered of a fine, healthy, well developed, female child, and *entirely without pain*. Her only sensation during the extrusion of the child, was a peculiar numbness.

In conclusion, he called attention to a case recently reported in the *American Journal of Medical Science*, of extrusion of the head of the child during sleep, and remarked that he himself had met in his practice with several cases in which the labor was attended with a comparatively nominal amount of pain; but the case he had just reported was the most remarkable he had any knowledge of, in that the *entire process of labor had been completed without a particle of pain*.

Dr. Maughs said that the tendency was, and that it was a great mistake, to look upon "labor" as a pathological rather than a physiological process. That notwithstanding the almost universal co-existence of pain with uterine contractions had led to a synonymous use of the terms, there really was no *necessary* connection between the two. That after the eighth month, the "sinking" of the uterus was evidently due to the contractions of longitudinal fibres, and this, as was well known, was effected without pain, and there really was no physiological reason why the expulsive contractions in a healthy uterus *might not* take place without pain. The case as reported, however, certainly was a very unusual one.

Dr. Dean said the interrupted or sudden excitation of motor-nerves often produces so firm contractions of the muscles they supply, as to cause pain through the violent compression of the

extremities of the sensory nerves; if the contraction be too severe, or gradual and continuous, numbness may ensue. In this case, the continuous contraction is, evidently, not from excito-motor influence.

A CASE SIMULATING CHOLERA.

Dr. Montgomery reported the case of a young man who was taken suddenly ill on the previous evening with vomiting, purging and cramps. The patient had been at his business, in his usual health, all the week; had neither eaten nor drank anything out of his ordinary habits; was very regular and temperate, and had been generally healthy until this seizure. The Doctor saw him about 5 1-2 o'clock in the morning. He was then vomiting and purging; the dejections of a very copious rice-water character; his thirst excessive, and the cramps very severe in the arms and legs, extending from the latter to the loins and abdominal muscles. The pulse and respiration were nearly normal. Mustard sinapisms were applied over the entire abdomen, with frictions to the extremities, and three grains of the mild chloride of mercury given every half hour until the vomiting and diarrhoea abated, which resulted after about 45 grains had been taken. The patient was then put on the aromatic spirit of ammonia, sulphuric ether, and compound tincture of cinnamon, and two enemata, containing ten drops tincture of opium and thirty grains sulphate of quinine each, were given at the interval of two hours. Typhoid symptoms, however, soon set in, and the pulse became small, indistinct, rapid and feeble. The mind began to wander, and he soon became very delirious, more so, in fact, than he had ever seen so soon after the arrest of the choleraic discharges; and this seemed more especially remarkable from the fact that there had been no opiates used in arresting them; the extremities became shrunk, cold and livid, with great jactitation and wakefulness. Hot mustard pediluvia and stimulating frictions to the extremities, a fly-blister to the back of the neck, and the bromide of potassium internally, were the means then employed.

Dr. Outten remarked that he had recently met with a somewhat similar case, and while treating it had to some extent refreshed his memory as to the literature upon the subject; and

while Dr. Montgomery was relating his case, he was forcibly impressed with its striking similarity to the description of congestive or pernicious fever, given in Wood's Practice of Medicine. He was therefore inclined to consider the case to be of that character.

Dr. Maughs coincided with Dr. Outten. It was a well-known fact, by those who had practiced medicine in malarious districts, that disease originating from malarial or miasmatic poisoning, was prone, at times, to simulate various other forms of disease. The older writers were familiar with this, and hence recognized a class of diseases, or symptoms, which they designated "misplaced intermittents." He himself, had met with cases very similar to that described by Dr. Montgomery, and he doubted not that such was the experience of other gentlemen present. He had seen cases so simulating cholera—with copious "rice-water" discharges, profuse, cold, clammy perspiration, shrunken features, and collapse—that it seemed impossible to discriminate between the two diseases. He had even known patients die under such circumstances, where there could be no possible suspicion of cholera. It seemed in such cases that the force of the morbid condition assailed and was exhausted upon one organ or part of the economy, rather than the system at large. He would in such cases administer large doses of quinia. If they were not tolerated by the stomach, he would give them per rectum, and if they could not thus be retained, he would use the remedy hypodermically.

Dr. Fricke said that during a practice of about twelve years in Arkansas, he had seen many cases of congestive fever; and several times met with cases in which, in connection with cold and livid extremities, cold tongue, cold clammy perspiration, there was excessive thirst, cramps, vomiting, rice-water discharges, and shrunken features, very similar to the case reported by Dr. Montgomery. A peculiarity, however, in these cases, and in which they differed from Asiatic cholera, was their great and continued anxiety about their condition, which continued as long as consciousness remained. Another peculiar feature, and to which his attention was particularly called in Dr. Montgomery's case, was the intense, burning heat, experienced in connection

with their thirst—much greater than he had met with in any case of cholera—and in regard to which the sensation of thirst seemed but a secondary matter. In his experience the localization of the attack in any particular organ or part of the body, seemed frequently to be the result of appreciable causes. Thus he had known three cases in which the disease was seemingly determined to the brain, by imprudent exposure of the head rays of a mid-day sun while bathing. In others it seemed determined to the alimentary canal by some irregularity in diet, or imprudent exposure to wet and cold after taking a dose of medicine, as, for instance, a mercurial cathartic. The disease in his experience was most generally met with during the latter part of the season, during the alternate warm days and cold nights or during sudden changes of weather, such as we have recently been having. As is well known, there is usually great aversion in country places to allowing post-mortems to be made. Under such circumstances he was for a long while unable to acquaint himself with the pathology of the affection. His impressions were that death resulted from the shock upon the nervous centres, but the opportunity finally affording, a post-mortem examination revealed a large quantity of a black tarry fluid resembling altered blood in the pelvic cavity, but with no discoverable rupture or lesion of any of the vessels. His impression was that it was the result of transudation from the congested and engorged viscera, and that death was the result of internal hæmorrhage. The individual had died during a second paroxysm, recurring before the congestion of the first had been relieved.

Dr. Barnes said that among the gentlemen present he recognized one, who, he thought, from his professional ability and long and large experience as a practitioner in a malarious section of the South, could give to the Society some valuable practical information in regard to the subject under discussion, and he hoped therefore, that Dr. Abbay would favor the Society with the benefit of his experience.

Dr. Abbay feared that his friend Dr. Barnes had raised too great expectations as to his ability to enlighten the Society on the subject of the fevers of the South. He would remark, however,

that having been engaged for many years in the practice of medicine there, his recollections of the types, and general characters of the febrile diseases, as they prevailed in that section of country during the last thirty or forty years, were somewhat distinct. The form and tendencies of the fever alluded to by the President and others as congestive and pernicious fever, have been for many years very familiar to the profession in the South, and the professional traditions among its members designate the section of country about Bayou Sara, in Louisiana, as the part of the Mississippi Valley in which that form of disease first assumed its marked characteristic congestive tendencies. It was usually ushered in by rigors, erratic pains and well marked depression of the vital forces. Reaction was tardily pronounced, and with great pain in the head and back; pulse less feeble but compressible, with occasional throes of the circulation, as if to overcome some impediment to the heart's action; skin of head and chest hot and gradually shading off into coolness of the extremities; stomach irritable; great thirst; tongue furred but not red; no great enteric trouble or tenderness, and uncontrollable inquietude. The solution of the paroxysm was attended with a profuse, bathing perspiration and gradual return of heat to the extremities, with relief from the pains in the head and other disagreeable symptoms, but with no apparent concern for circumstances transpiring around them. If the system could not be brought, by a judicious course of medication, into a condition to resist a return of the paroxysm, then all the symptoms present in the previous paroxysm would recur greatly exaggerated, and life would often flicker out in seemingly unavailing efforts at reaction. But, if the patient should pass through this, and a third chill come on, the chances were many to one that he would not live through it.

To combat so formidable a disease devolved on the profession great responsibilities, and their reliance was upon the free use of quinine with mercurials—even in apparently extravagant doses—with such other remedies as transpiring symptoms might indicate and require.

A disease of a somewhat different character, but of very fatal tendencies, has prevailed in many parts of the Southern and Mid-

dle States, under the name of pernicious fever, a title not of much scientific significance, except as it refers to a disease in which the system retains more powers of reaction, with a tendency to gastro-enteric complications, and not so abrupt in its terminations as congestive fever, nor so prolonged in its course as in typhoid forms of disease.

This form of malady, if his memory served him correctly, was first reported by the French army or navy surgeons to the medical journals of Paris, as a disease very frequently met with near, and on the coast of Algeria. They called it pernicious fever, since which time the name has been to some extent used by Southern physicians. The most successful treatment in this form of febrile movement consisted of warm baths, gentle laxatives, cups over local engorgements, ice caps, and ice poultices to the nape of the neck and spinal column, with lemonade and refrigerant drinks, and when the system was brought sufficiently under control by these remedies to bear quinine, it was given in competent doses to secure its antiperiodic effect, adding mild mercurials and tonics as the progress of the case might suggest and require.

Dr. Watters said that when practicing at St. Charles, in this State, he had met with a number of cases of congestive fever, some of which so closely simulated cholera—with rice-water discharges and other so-considered pathognomonic symptoms of that disease—that had an epidemic of cholera been prevailing, it would have been impossible to have distinguished the cases from those of genuine cholera. While in the military service he had seen cases of spinal meningitis presenting strikingly similar symptoms to some of those referred to in connection with the descriptions given of congestive fever, and suggested the possibility that mistake in diagnosis might have occurred in some instances.

Dr. Whitehill said that during his military experience he had seen a great deal of pernicious, or congestive chills. While Medical Doctor of the division of the army operating on the Yazoo river, during the latter portion of the siege of Vicksburg, that portion of the army had suffered from so severe and terribly fatal an epidemic of it, that for a time it became necessary to dis-

pense with the usual music and firing of salutes at the burials.

A peculiarity in regard to the disease, which at the time seemed as extraordinary as it was alarming, was, that it was from among the seemingly most vigorous and healthy that it found its victims, and for a time every case proved fatal; not a single case survived the first paroxysm, and he had known one case in which the man got up from a hearty meal, and was dead in ten minutes, seemingly having succumbed to the very onslaught of the paroxysm.

During the early part of the epidemic all manner of treatment proved alike unavailing. By no ordinary means was it possible to secure or produce the slightest reaction from the stage of congestion, and many cases presented much the appearance of a patient in the collapse of cholera. In no instance, however, was there observed any choleraic dejections or vomiting, or any such tendency. A marked feature was the intense congestion of the brain, as evinced by the exceedingly contracted condition of the pupils, and the extreme insensibility to all manner of medication, whether internal or external. There seemed to be an arrest of all the secretions.

Believing that reaction could alone be brought about, if at all, by vigorous emesis, he ordered, as a forlorn hope, the administration of a half ounce of mustard and twenty to thirty grains of zinc sulph. in sufficient warm water, to be administered every ten minutes until vomiting was effected. The opportunity for trial of the remedy was very quickly afforded, but great difficulty was encountered in its administration, as the patient persistently *spirted* it out of his mouth, and, if possible, in the face or on the person of one of the attendants. It was not until his nostrils were closed to prevent respiration through them, and the emetic forcibly introduced far back into the fauces, that he could be induced to swallow it. The third dose produced most violent emesis, and with it, with as copious draughts of hot water as could be administered, vigorous friction, sinapisms, and hot pediluvia, reaction was gradually established. As soon as the stomach would tolerate, hot stimulants were freely administered, and with them large doses of quinine with strychnia and capsicum were freely given, with the effect of curing the patient. This, afterward with

mercurial catharsis, became the standard of treatment, and with such success, that he subsequently made it the subject of a special report to the Surgeon General.

In reply to a question from Dr. Watters, Dr. W. said that a prominent feature or symptom of the paroxysm was severe pain in the head, and especially in the occiput, but this seemed more confined to the incipient stage.

He thought it worthy of remark, that the disease prevailed the most extensively among those regiments that had suffered most from sun-stroke a few weeks previous, and that a rational explanation of its attacking the strong and vigorous, was that during fatigue and picket duty, from which the more debilitated were largely excused, they were more exposed to the malarial poisoning.

Dr. Montgomery, in reply to the gentlemen who seemed to regard the case as one of pernicious intermittent fever, admitted that the differential diagnosis of this form of malignant fever and cholera was very subtle and difficult. Indeed, Dr. Copland, in his very voluminous work, the "Dictionary of Practical Medicine," styles cholera, "Epidemic Choleraic Fever." But he (Dr. M.) believed the case under consideration very different from pernicious intermittent. The cold breath and tongue, the insatiable desire for large draughts of ice-cold water, the very noisy and profuse vomiting, the copious, thin, rice-water discharges, the cramps, corrugated, shrivelled and blue-colored skin, the suppression of the urinary secretion, &c., were symptoms, he thought, *sui generis*, and pathognomonic of cholera.

[P. S.—We are informed by Dr. M. that the above case terminated fatally in less than 36 hours from the very first untoward symptom. No means that were used could relieve the patient from the apparent toxæmic and typhoid condition into which he entered immediately on the arrest of the profluvia; and he died in complete collapse, with the shrunken blue skin and hollow eyes so pathognomonic of the epidemic of the Ganges.—Ed.]

SUN-STROKE.

Dr. Thos. Scott said that since the discussion of sun-stroke by the Society, he had met with several cases, in the treatment of which, he had derived most satisfactory results from the use of hot

pediluvia, containing mustard and salt; sinapisms and frictions; sponging the head and chest with cold water; and the internal administration of spr. ammon. aromat. and eth. sulph., in small and repeated doses—10 to 15 drops of each, every ten to fifteen minutes, in suitable menstruum—with friction of the chest by the hand, until reaction was established, after which he usually administered mercurials, and completed the cure by the use of a quinine mixture. For the success attending the treatment of these cases he felt indebted to the views expressed by the members of this Society during the recent discussion of the subject, and especially to Dr. Hammer, for his views of the pathology and rational treatment of sun-stroke, accompanied by the recital of his own experience. [See page 483.]

TRISMUS NASCENTIUM.

Dr. Papin reported a case of recovery from trismus nascentium under the use of the local application of chloroform to the spine. The child was attacked on the eighth day after birth. A combination of chloroform, compound spirits of ether and bicarb. soda in syrup, gave temporary relief, but after twenty-four hours seemed to lose its beneficial effect. He then resorted to the local application of chloroform to the spine, as recommended by Dr. Whitehill in a recent number of the MEDICAL ARCHIVES, and with the most satisfactory results, as by it the paroxysms were completely controlled. The application was continued for fifteen days, when he dismissed the case, cured. In the mean time he was compelled to suspend the application occasionally on account of the vesication it produced, and apply emollients. At such times he gave the chloroform by inhalation. He also had the bowels moved occasionally by the use of laxatives. This was the first case of recovery that had ever occurred in his practice, and at one time the tetanic convulsions were as strongly developed as in any case he had ever seen.

Dr. Maughs thought the case related by Dr. Papin a very interesting one. Trismus neonitorum usually occurred about the eighth or ninth day after birth, and was generally attributed to an irritation resulting from or connected with the sloughing or detachment of the cord, which usually occurred about that time.

This being the cause, it was essentially of traumatic origin; and, as was well known, traumatic tetanus was generally fatal. There seemed, nevertheless, to be in addition, in many instances at least, some local or specific cause. The disease is very common and very fatal in the East Indies, where a large percentage of the children die with it. It seemed to be more common among negroes than among whites. Most of the cases he had seen had occurred in badly ventilated or over crowded apartments, and evidently were associated with a condition of mal-nutrition, or want of proper hygienic influences. The profession was indebted to Sir J. Y. Simpson for the introduction of the use of chloroform in such cases. He would administer it internally, or by application to the spine as recommended by Dr. Whitehill.

Dr. Newman had seen many cases of trismus in connection with the irritation of the umbilicus, but he had not understood from Dr. Papin that there was any irritation of the kind in his case. He would rely upon the use of the chloroform as suggested.

Dr. Wm. Johnston said that in his earlier professional life he had met with a number of cases of trismus nascentium, mostly among colored persons in poorly ventilated apartments. He thought the disease more frequent in warmer latitudes, and that it was owing largely to the want of proper oxydation of the blood, in connection with a torpid condition of the liver. Counter-irritation was an old practice, and he attributed the good effects of the chloroform, locally applied, to the cold resulting from its rapid evaporation, and to the powerful irritation it produced. Its inhalation was contra-indicated, as also its internal administration. He would use counter-irritation, give mercurials and secure the best hygienic surroundings.

Dr. Watters thought it an error to attribute the disease to the irritation produced in anywise by the cord. It might result from any shock to the nervous system. It was essentially a disease of the nervous system.

Dr. Whitehill said he felt particularly interested in the discussion, and especially gratified with the successful result of the case as reported by Dr. Papin. He thought he could justly claim to have originated the treatment of tetanus by the local

application of chloroform to the spine. In 1851, he had used it successfully, in a case that had resisted every other method of treatment. He had reported the case, and several others in which it had been successfully used, in one of the numbers of the MEDICAL ARCHIVES. The treatment, he thought, was a thoroughly rational and scientific one. Tetanus, from whatever cause, was emphatically *a disease of the reflex nervous system*. Neither the brain nor organic nervous system were involved. In the administration of chloroform by inhalation, as was well known, its anæsthetic influence is first manifested in the sensorium. The patient will struggle violently, after sensation and consciousness are both arrested. Next in order the reflex or diastaltic system becomes involved, and the muscular system is as completely relaxed as though life were extinct, while the vital functions are still regularly performed. To sustain this condition a sufficient length of time, by inhalation, to make it available for the *permanent* relief of tetanic convulsions, would, even though no other bad effects resulted, imperil if not destroy life by asphyxia, while it can readily and safely be done by the local application of the anæsthetic.

In reply to the suggestion of Dr. Johnston, that the good effect of the application was due to the cold produced by its evaporation, he said that its action was most efficient when evaporation was prevented by covering with oiled silk or other suitable means. In regard to its irritant or vesicant properties, no such effects as resulted from its use were obtained by the use of the most powerful irritants or vesicants—not even from the actual cautery. He also referred to the unsuccessful case recently reported in the ARCHIVES, by Dr. Rooney, and attributed the failure of the remedy in that case, not so much to the late period of its application as to the non-persistence in its use. The “spasms,” when arrested, *should not have been allowed to return*. Of course, hygienic measures—an abundance of pure fresh air—proper sustenance, and the requisite measures to procure the proper performance of the various functions of the economy should form no unimportant part of the treatment.

[We learn from the *Medical Gazette* that in the city of Elbing

56 cases of trismus neonitorum out of 235 births, in 1864, and 43 out of 145 births, in 1865, occurred in the practice of one midwife, who was seemingly excellent in every respect, and, as shown by the figures, had an immense practice. After every possible inquiry and investigation, it was finally discovered that she was in the habit of washing the child the first time in unusually hot water, and when this was rectified the cases ceased.—Ed.]

HYSTERITIS.

Dr. Papin also mentioned a case of painful hysteritis, which yielded to dry cupping over the spine after having resisted the usual sedative and anti-spasmodic remedies. Dr. Maughs spoke favorably of the use of chloroform in such cases, and suggested its application to the neck of the uterus, either by means of the atomizer, or with a “spray producer” and bulbous rubber syringe.

RHEUMATISM, NEURALGIA OR GASTRODYNIA.

Dr. Montgomery reported a highly interesting case occurring, seemingly, as a sequela of gonorrhœa, from which the patient was just recovering. A painful attack of what he supposed to be rheumatism—whether gonorrhœal or not he did not pretend to decide—of the lower extremities, yielded to the usual treatment, when he was suddenly attacked with a very painful affection of the chest, more resembling a violent neuralgia than anything else, in that there was no disturbance or derangement of the circulation. The pain and suffering from the attack which occurred regularly at night, was intense, and after proving rebellious to all the ordinary remedies, finally yielded to large doses of quinia and strychnia, of which latter he gave as much as the eighth of a grain at a dose.

Dr. Watters thought it very probably an attack of what in the female would be called hysteria, and dependent upon or resulting from a peculiar mental condition incident to the chagrin he felt in regard to the gonorrhœal affection. He had met with such cases.

Dr. Maughs favored the impression that it was rheumatism and might or might not be of gonorrhœal origin. Although pus could not be absorbed as pus, it was possible for it to be absorbed

in a disintegrated condition and reappear in some other organ or tissue. In this way alone, he thought, could we explain the purulent abscesses sometimes met with in different organs after surgical operations.

Dr. Newman did not think the symptoms those of rheumatism, as there seems to have been no pain or soreness in the intercostal muscles. He mentioned aconite as having been highly beneficial in a somewhat similar attack which he himself had experienced, but certainly not from the cause from which it had been suggested this case had its probable origin.

UTERINE HÆMORRHAGE.

Dr. Barnes reported a case of uterine hæmorrhage to which he was called after it had been under treatment by a female "womb-doctor." He was not permitted to make an examination, and the patient being of homœopathic proclivities, refused to take any medicine. He was summoned hastily one morning, and found her sick with bilious vomiting. He persuaded her to take a mustard emetic, which had the effect of relieving her both of the vomiting and hæmorrhage, which, singularly, has not returned since.

SUN STROKE.

[In connection with this interesting subject, we copy from the *New York Medical Gazette* the following article containing the views of its pathology and treatment entertained by Dr. John C. Peters, of New York.]

This disorder is also called heat-apoplexy, and is supposed, by some, to be allied to simple apoplexy, or that variety which sometimes proves fatal without leaving any traces of congestion, effusion or extravasation behind; by others it is compared to alcohol-apoplexy.

There are two theories of the disease: 1st, that it arises from liquefaction and expansion of the blood; 2nd, from a depressed condition of the cerebro-spinal and lymphatic nervous systems. The mortality is very great, at least 40 to 50 per cent., because this disease attacks by preference those who are sick or debilitated, or accustomed to indulge too freely in spirituous drinks.

It has been noticed that those attacked have often been affected for a few days previously with suppression of perspiration and irritability of the bladder; their nights have been sleepless, and attacks of vertigo, and a sense of weariness have been complained of. Then the patient becomes listless and stupid, merely says that his head feels queer, and may be dead in twelve hours more. But the attacks generally commence with faintness and great prostration, thirst, great heat and dryness of the skin, and tightness across the chest, while the pulse is so slow and feeble that it can scarcely be felt. Then follow symptoms of stupor and insensibility, with loss of speech. When the patient becomes comatose the skin is found very hot, the pupils contracted, the conjunctiva congested, the pulse hard, full, and rapid, and the breathing difficult. In some cases tetanic convulsions occur. Just before death the pupils dilate, and the action of the heart becomes feeble and intermitting-

In some cases the common treatment with cold to the scalp and the frequent administration of stimulants is allowable; in others it is very injurious. When there is a combination of alcohol- and heat-apoplexy, of course spirits must be avoided, or else given in spts. mindereri, although hartshorn and ginger, or some hot drops may be required. When there is congestion to the head, with great heat of skin and a full hard pulse, cold may be applied by pouring a continuous stream of water over the head and chest, and cooling tonics and astringents, like dilute *phosphoric acid*, should be freely given.

When there is utter exhaustion, and the pulse very weak and the skin cold, ammonia and brandy should be frequently given in doses proportioned to the depression, and persevered with to the last.

When recovery takes place, convalescence may be retarded by congestion of the kindeys, which occurs in very many cases; or by dilatation of the vessels of the brain from a debilitated or sub-paralytic state of their walls; by partial paralysis and great prostration of strength; by severe headache or vertigo; by confusion and dullness of mind, while symptoms of paralysis or of insanity may set in months after an apparent cure. To obviate the major part of these troublesome and threatening effects the free use of dilute *phosphoric acid* is almost indispensable.

PROCEEDINGS OF THE STATE MEDICAL CONVENTION
OF NEBRASKA.

HELD IN OMAHA, JUNE 24, 1868.

Pursuant to a call made by the Omaha Medical Society, a number of delegates from the Medical Profession in the various counties in the State met at the rooms of Dr. Jas. H. Peabody, in Omaha, on the 11th of May, 1868, for the purpose of taking some action towards the organization of a State Medical Society, in Nebraska.

The Convention was called to order by Dr. Livingston, of Cass, who moved that Dr. G. C. Monell be elected Chairman of the Convention.

The motion prevailed and Dr. Monell was duly installed as chairman.

On motion, Dr. Livingston was declared Secretary.

The Chairman then addressed the Convention, setting forth the objects and duties of the profession and the necessity of taking such steps towards the formation of a State Medical Society as might in the judgment of the gentlemen present, be deemed proper. He adverted to the success which had attended such efforts in older States, and drew an eloquent picture of the benefits which had flowed from such organizations, not only to the profession, but to the public.

On motion the following was adopted:

WHEREAS, Fraternal association in all departments of science is ever productive of the happiest results, and

WHEREAS, The promotion of medical knowledge, its humane applications, benign influence and exalted philanthropy demand the fraternization of the medical men of Nebraska, Therefore be it

Resolved, That in the opinion of this convention, it is expedient and necessary that a State Medical Society be organized for the State of Nebraska.

On motions, Drs. Livingston, of Cass, Roeder and Eddy, of Douglas and Andrew of Washington, were elected a committee to draft a constitution and by-laws suitable for the government of a State Medical Society, and that the same be presented at the next meeting of the convention.

On motion, the following circular was directed to be printed and forwarded to the profession throughout the State:

To the Members of the Medical Profession in the State of Nebraska.

Your professional brethren, in convention assembled, having under advisement the promotion of medicine and surgery, and the branches of science allied therewith, and judging from the favorable influence exerted to this end by the organization of County and State Medical Societies in the older States, would, through this circular, urge upon you the propriety of organizing County Medical Societies in your respective counties, without delay. By this course we believe you will materially assist the cultivation of the science of medicine, the advancement of the character and honor of the profession, the elevation of the standard of medical education, and promotion of the public health, while at the same time you will secure mutual improvement in medical knowledge and a more intimate social intercourse.

To advance the interest and increase the usefulness of the profession should ever be our object, we therefore confidently appeal to you for aid in this good work, by the immediate organization of County Medical Societies.

We would ask that you elect three delegates from every county society to an adjourned meeting of the State Medical Convention, which will convene at Omaha, Nebraska, at 2 o'clock, P. M., on Wednesday, the 24th of June next, at which time a Constitution and By-laws will be submitted, and the organization of a State Medical Society perfected. G. C. MONELL, M. D.,

Chairman of the Convention.

R. R. LIVINGSTON, M. D., Secretary.

The Convention assembled pursuant to adjournment, at Omaha, Nebraska, the 24th day of June, 1868, at 2 o'clock, P. M., and was called to order by the Chairman, Gilbert C. Monell, M. D. The proceedings were then opened with prayer by the Rev. Dr. Westwood, of Omaha.

The minutes of the last meeting having been read, approved and adopted, the Chairman appointed Drs. R. R. Livingston and Jas. H. Peabody a committee on credentials, who reported the following delegates entitled to seats in the Convention:

From Douglas County, Drs. G. C. Monell, Jas. H. Peabody, J. C. Denise, H. P. Mathewson, and S. D. Mercer.

From Cass County, Dr. R. R. Livingston—absent Drs. Jno. Black and F. B. Reed.

From Otoe County, Drs. D. Whittinger, and N. B. Larsh—absent Dr. F. Renner.

From Washington County, Drs. J. P. Andrews and Aug. Roeder.

The Committee reported that a number of other local organizations had been perfected in various counties of the State, subordinate to the proposed State Medical Society; but owing to various causes the delegates were unable to meet their professional brethren in Omaha, to-day. Among other causes it was stated that the meeting of the Grand Lodge of Masons on this day, at Bellevue, had caused a number of gentlemen elected delegates to this Society to forego meeting here, as their presence was necessary at the Grand Lodge.

The report was received and adopted, and the committee discharged.

[On account of the length of the Constitution and By-laws, we are only able to furnish a condensed summary of them. The preamble sets forth that

Whereas, The Medical Convention, held in the city of Omaha, Nebraska, on the eleventh day of May, 1868, have declared it expedient to institute a State Medical Society, and inasmuch as an institution, organized and conducted so as to give frequent, united, and emphatic expression to the views and aims of the Medical Profession in this State, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor and interests of the medical profession, for enlightening and directing public opinion in regard to the duties, the responsibilities and the requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it, therefore

Be it Resolved, in behalf of the Medical Convention of the State of Nebraska, that the members of the Medical Convention held at Omaha, on the eleventh day of May, 1868, and all others who, in the pursuit of objects above mentioned, are to unite with, or succeed them, constitute them a State Medical Society, and that for the permanent organization and management of the same they do hereby adopt the following regulations.

[These define that the title of the Association shall be the "Nebraska State Medical Society."

The members shall collectively represent and have cognizance

of the common interests of the profession in the State, and hold their memberships either as *delegates* from local medical institutions, as *members by invitation*, or as *permanent members*.]

Each local Society shall have the privilege of sending one delegate to the Societies' meetings for every three of its regular resident members, and an additional delegate for any fraction of its regular resident memberships. The faculty of every regularly constituted Medical College or chartered School of Medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, and every other permanently organized institution of good standing, shall have the privilege of sending one delegate.

Practitioners of reputable standing from any part of the United States are eligible as members *by invitation*, and may participate in the discussions without the right of voting.

All who have served in the capacity of delegates, and other members of the profession, resident in this State, who may receive the appointment by unanimous vote, are *permanent members*, and may hold office and participate in the affairs of the Society, so long as they conform to its regulations.

The annual meetings of the Society shall be held on the first Tuesday of June, in each year, at such place as shall have been determined by the majority of all present the preceding year, but never at the same place for two successive years.

The officers shall be a President, two Vice-Presidents, one Permanent and one Corresponding Secretary, and a Treasurer; shall be elected by ballot, without nomination, and shall each hold his appointment for one year, and until another is elected to succeed him. The usual duties are required of them.

A Committee on Arrangements, a Committee on Foreign Correspondence, a Committee on Ways and Means, a Committee on Publication, and a Committee on Grievances, shall be organized at every annual meeting, for preparing, organizing and expediting business for each ensuing year.

The transactions of the Society shall be classed under the following Sections, each Section to consist of three members, to be appointed annually for the ensuing year, viz: a Section on Practical Medicine inclusive of medical pathology and special therapeutics. A Section on Surgery inclusive of surgical pathology,

operative surgery and surgical therapeutics. A Section on Obstetrics inclusive of diseases of women. A section on Materia Medica and general Therapeutics inclusive of new remedies. A Section on Anatomy and Physiology, and a Section on Forensic Medicine and Toxicology.

The duties of Committees are specifically assigned.

The Sections shall report annually the progress in the particular branches of their respective sections, particularly in the State of Nebraska, but not exclusively so. They will receive all essays and memoirs voluntarily contributed to their respective sections and include the same, if found worthy, in their annual reports.

The raising and disbursing of funds is provided for, as also the method of amending or altering the constitution.

The Code of Ethics is the revised code of the American Medical Association.

The following officers were elected:

GILBERT C. MONELL, M. D., President.

ROBERT R. LIVINGSTON, M. D., First Vice-President.

NAPOLEON B. LARSH, M. D., Second Vice-President.

J. C. DENISE, M. D., Corresponding Secretary.

S. D. MERCER, M. D., Permanent Secretary.

DANIEL WHITINGER, M. D., Treasurer.

The following named gentlemen were elected permanent members:

Douglas County.—Drs. J. P. Peck, R. C. Moore, V. H. Coffman, J. N. Rippey.

Sarpy County.—Dr. Hosea Miller.

Cass County.—Drs. John Black and F. B. Reed.

Otoe County.—Drs. D. H. Hershy, W. H. Hess, A. Bowen, J. C. Campbell, F. Renner, and S. L. Gant.

The following were then elected delegates to the next annual meeting of the American Medical Association: Drs. G. C. Monell, R. R. Livingston, and D. Whiting. Alternates—Drs. J. P. Peck, Jas. H. Peabody, and N. B. Larsh.

On motion the Committee on Ways and Means, with the President as Chairman, was instructed to ascertain what legislation was necessary for the benefit of the medical profession in the State, and that they take such action as they deem best for the best interests of this and its subordinate societies in Nebraska.

The President then filled the Standing Committees and Sections by appointing the following named gentlemen:

Committee of Arrangements.—Drs. N. B. Larsh, D. Whiting, and D. H. Hershy, of Nebraska City.

Committee on Ways and Means.—Drs. D. Whiting, James H. Peabody, and S. D. Mercer.

Committee on Foreign Correspondence.—Drs. Denise, Mathewson, and Livingston.

Committee on Publication.—Drs. Mercer, Denise, and Livingston.

Committee on Grievances.—Drs. Andrews, Larsh, and Peabody.

Section on Surgery, &c.—Drs. Mercer, Livingston, and Larsh.

Section on Practical Medicine, &c.—Drs. Whiting, Mathewson, and Mercer.

Section on Anatomy and Physiology, &c.—Drs. Larsh, Røder, and Whiting.

Section on Obstetrics, &c.—Drs. Peabody, Mathewson and Andrews.

Section on Materia Medica, &c.—Drs. Røder, Andrews, and Denise.

Section on Forensic Medicine, &c.—Drs. Livingston, Denise, and Peabody.

On motion the President and Secretary were instructed to have the Society incorporated.

On motion the Society adjourned to meet again at Nebraska City on the first Tuesday of June, 1869, at 2 o'clock P. M., unless sooner called by the President.

CORRESPONDENCE.

MESSRS. EDITORS:—

In the September number of your journal, an attack of a most virulent character was made upon an article of mine, published in the *St. Louis Med. and Surg. Journal*, and entitled "*Fissure of the Neck of the Uterus.*"

I am charged with plagiarism, and the writer states it is "perfectly apparent that but for Thomas' work, *this case of 'hare-lip of the uterus'* would not have existed, never would have been reported," etc., etc.

The operation which I made was performed on Friday, Feb. 14, 1868, and detailed to the St. Louis Medical Society shortly afterwards. I then and there stated I had seen Dr. Emmet make

a similar operation at the Womans' Hospital in New York, some six weeks previously; therefore, no originality was claimed for it.

I desire the *dates* of the operation to be remembered.

By reference to the invoice-book of Messrs. Keith & Woods, booksellers in St. Louis, it will be seen that Henry C. Lea, the publisher of Thomas' work in Philadelphia, forwarded it on *Feb. 27th*, 1868, per Adams' Express, and it was received on *March 2d*, 1868. I got the first copy delivered in St. Louis. The following explains itself:

"By reference to Invoice Book, we find our *first* receipt of Thomas' new work on Women was on March 2d, and we delivered an 'Editor copy' to Dr. M. A. Pallen, a few days after.

KEITH & WOODS, per COWAN, *Salesman.*"

How I could make an operation on the 14th day of February prior to Thomas' book reaching St. Louis, and then plagiarise the procedure of the operation from that book, is beyond my comprehension! !

In farther corroboration of this fact, I am authorised by Prof. Kueckelhan, of the Humboldt Medical College, and Drs. W. H. Cooper, J. F. Johnson and W. B. Outten, to state that they are cognizant of the performance of the operation prior to the appearance, in St. Louis, of Dr. Thomas' work *On the Diseases of Women*.

Furthermore, Dr. Jno. J. McDowell, who has been demonstrating anatomy for many years, and who is universally accorded to be one of the most skillful and accomplished anatomists in the West, gives his testimony on the same subject, and mentions a similar case, also with *double flexion*, as follows:

ST. LOUIS, Sept. 14, 1868.

DR. M. A. PALLER,

Dear Sir:—It gives me great pleasure to be able to give my testimony towards clearing your report of the case of *Fissure of the cervix uteri* from the unjust charge of plagiarism, as preferred in a late article in the Humboldt Medical Archives.

I did not see the operation, but was told of it, and given the particulars, on the evening of the day it was made, and by a near relative of the patient, who by-the-way is a physician.

The operation was made on the 14th of February, 1868, *some time before* Dr. Thomas' book was received in St. Louis, by anybody, so far as I know, and before you got yours, for I was in your office when yours came.

I will state for the benefit of the readers of the ARCHIVES, that I was present and assisted you in an operation of a similar kind, on Mrs. —, which was entirely successful. In the latter case, there was a fissure in the cervix uteri three-fourths of an inch in length, and previous to the operation there was a complete retroflexion with flexion of the neck forwards, which was rectified upon the completion of the sutures.

Hoping that my testimony may assist in silencing envious critics, I remain,

Yours, &c., &c.,

J. J. McDOWELL, M. D.

Prof. M. M. Pallen and Dr. J. W. McLure witnessed the operation published in the *St. Louis Med. & Surg. Journal*, and I scarcely think that it would be considered presumptuous to assume that Dr. M. M. Pallen, who has been teaching obstetrics, etc., for a quarter of a century, would be mistaken in its diagnosis, even if I had so been.

With regard to the parallel instituted between myself and KLOB, I cannot recognise plagiarism. Certainly I could not have described the condition of the fissure without conveying the same idea, and possibly the same words; that is, as in descriptive anatomy, the real thing must be described as found. As to the "flippant quotation" of SCANZONI, FARRE and THOMAS, I am willing to rest the case with the *unprejudiced* members of the profession.

I hope to accord every man his dues, and do not feel that I would elevate myself or my standing, by any false position. How it is possible to relate many cases, speak of their pathology or treatment, without necessarily using the ideas of others in many instances, I cannot conceive. The whole art of medicine is a species of plagiarism, one doing what his predecessor had done, and others experimenting that they may be followed by plagiarists. In this particular case I did not pretend to be the discov-

erer of its pathology, I simply presented it as I found it, and stated that the pathology was such as I believed to be correct. Any industrious individual may find the same ideas, nay even the very words, in many works on anatomy, obstetrics, chemistry, etc., and the charge of "bold and bare-faced plagiarism" would be untenable and unwarrantable.

It is much easier to *endeavor* to destroy than to construct, and the evident spirit of this tirade is so apparent, that it were superfluous to call the attention of the profession to it. I hope, Messrs. Editors, you will print my article, in order that your readers may have an opportunity to read and then to judge.

Respectfully,

MONTROSE A. PALLAN, M. D.

[We regret that the unusually large amount of original matter in this number, and the length of the article alluded to, preclude the possibility of complying with Dr. Pallen's request.—ED.]

ST. LOUIS, *Sept.* 25, 1868.

MESSRS. EDITORS:—On my return to St. Louis, to-day, an article published in your valuable Journal for this month, and written by G. M. B. Maughs, M. D., was pointed out to me. It is a criticism by Dr. Maughs on a communication by Dr. M. A. Pallen, in the *St. Louis Medical & Surgical Journal* for May, 1868.

In the aforesaid criticism I find the following words:—"The case, we are told, is one of 'fissure of the uterus,' not from any of the causes mentioned by authors, such as parturition, slitting the uterus for surgical purposes, &c., *but by granular erosion!!* Now the author is evidently a little muddled in the *etiology* of this fissure—we are not positively certain that he *gives the cause at all*," &c., &c., (the italics are my own). But farther on, Dr. Maughs asserts positively and unequivocally in this way:—"but why this talk of the pathology of the fissure of the uterus, when this was a case not of fissure, but of erosion!" Here, then, Dr. Maughs, although he previously says that he is not positively certain that Dr. Pallen gives the cause at all, now positively asserts that it is a case of erosion.

Truly, the diagnosis of uterine diseases must have advanced wonderfully of late, to enable a man to state what a disease is, without ever seeing it, even if it be founded upon the statements of one who is a little "muddy" in his description of it.

The communication of Dr. M. A. Pallen recites the history of an operation, at which I was present, which fact is mentioned. Being present and the relationship existing between the operator and myself, necessarily imply that I approved of it. Now I am placed before the readers of the ARCHIVES in this position. The case being one of granular erosion, according to Dr. Maughs, I must either not know how to diagnosticate a fissure of the neck of the womb when I see it, or knowing how to do that, advise and approve of a surgical operation for a case of granular erosion!! I cannot consent to this statement going forth to my medical brethren uncontradicted. I do therefore say positively, that it was a fissure of the neck of the womb. And in justice to Dr. M. A. Pallen, I will further state that the operation was performed prior to his reception of any copy of Dr. Thomas' excellent work on the Diseases of Women.

I remain Yours most Respectfully,

M. M. PALLEN, M. D.

BIBLIOGRAPHICAL NOTICES.

ON DISEASES PECULIAR TO WOMEN, including Displacement of the Uterus. By HUGH L. HODGE, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania. Second edition, revised and enlarged. Philadelphia: Henry C. Lea. 1868..

[For sale by Keith & Woods, and the St. Louis Book and News Co.]

The first edition of this work has been before the profession for some eight years, and with thousands of the Alumni of the Pennsylvania University has doubtless been *the* authority upon the questions of which it treats. The justly merited reputation of Prof. Hodge, both in this country and in Europe, guarantees

that any opinion he may promulgate will receive a careful consideration.

The great feature of the work, is the assignment to anti-inflammatory origin, of many, if not most, of the diseases peculiar to women. In the language of the author, "the chief object of this whole work is to exemplify the nature, consequences and treatment of nervous irritation, as distinct from inflammation"—and while we think Professor Hodge has assigned too much importance to "irritation," and too little to inflammation, in the role of female diseases, yet quite as great, or even a much greater error, has been committed by his opponents, or those who see in inflammation "the beginning and the end" of all female maladies; and this difference of views in pathology is a vitally important practical one, as it leads to the greatest diversity in treatment. With Prof. Hodge, much is expected from a non-perturbating course of treatment, in which much regard is given to the constitution—the general health—of the patient. In this he sounds the key note of opposition to those who regard the local malady as everything, and in this respect the work is most opportune, as there seems to be a disposition in these days of rampant gynecology to *forget the woman*, in the *all absorbing* attention given *the uterus*. With Dr. Hodge, "irritation" is *ipse morbus*; with many gynecologists the uterus is the *ipse morbus*, and the only one known. Indeed, this pestiferous organ now-a-days, according to this class of gynecologists, requires an amount of "swabbing" truly alarming. To see some of our experts, armed with a "duck-bill," knife and swab, "plying their daily avocation," we almost wonder how the women of a previous age got along without swabbing. Prof. Hodge, in his vast practice, found but comparatively few uterine diseases requiring the knife and the swab. A modern gynecologist finds but few that do not require them. Indeed to cleanse out and right up this pestiferous organ, seems, now-a-days, according to such, to require a greater labor than cleansing the Augean stables, and the woman whose vagina is accessible to the "duck-bill," is fortunate if she is not subjected to months of torture for maladies, which, *if not found, are easily made*, and the curing of which costs hundreds of dollars; the "duck-bill"

is followed by a *big* bill, and this last item may form a clue to the true etiology of many of these cases. It is this that makes the joke a practical one; the quack fares well, and the uterus badly.

Now, that this flourish of the "duck-bill," uterotome and swab, in all the diseases of women, has become a crying shame—a very disgrace to the profession—is the opinion of many besides ourselves; and that these miserable pretenders, who now fatten upon the fears of alarmed or afflicted woman, will fall into disgrace, is just as certain, as that truth will triumph over error. Against all uncalled for, ignorant, and consequently hazardous interference, this work of Hodge is an intelligent and earnest protest.

That cases of diseases peculiar to women do occur, requiring the knife and cautery, is true; and that distinguished men, such as Sims, Emmett, Hewit, &c., may meet with many such is equally true; and that there are many cases requiring local treatment, and that are benefited thereby, this work of Prof. Hodge bears evidence; but, that these cases are as numerous as the new-fledged swarm of quacking duck-billers would have us believe, his work is a sufficient refutation.

One of the most valuable parts of this work is that relating to "Displacements of the Uterus," and their treatment. The author has given this subject much and earnest attention, and in his skillful hands great good has resulted from mechanical support of the uterus. His lever pessary is now in almost universal use, and is, in many cases, the best known.

The work is a valuable one and will do good, and should be read by every one who would acquaint himself with the diseases of women. M.

ATLAS OF VENEREAL DISEASES. By A. Cullerier, Surgeon of the Hôpital du Midi, &c. Translated from the French, with Notes and Additions by Freeman J. Bumstead, M. D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. Philadelphia, Henry C. Lea, 1868. To be complete in five parts; with about one hundred and fifty beautifully colored figures on twenty-six plates. Price \$3.00 for each Part.

[For sale by the St. Louis Book & News Co., and Keith & Woods.]

Part IV of this elegant and invaluable work has been received.

To express our appreciation of it, we can but reiterate what we have already said in regard to a former "Part" of it; that, when completed, it will prove unquestionably the most elegant and valuable work of the kind ever issued from the American press.

The portion of the work before us completes the consideration of chancres, embracing their prognosis, prophylaxis and treatment, as also their various complications.

Chapter III is devoted to the consideration of buboes. Dr. Bumstead takes exception to the author's classification, and wisely suggests that it would be better to discard the term "sympathetic bubo," and use, instead, that of "simple, or inflammatory bubo," in contra-distinction to the author's "bubo of absorption, or virulent adenitis," in lieu of which he recommends "virulent bubo," by which it is commonly known, or "chancroidal bubo," inasmuch as it is upon the chancroidal virus which it contains, that its virulence depends. He also suggests that inasmuch as the author's "diathetic bubo, or bubo symptomatic of an indurated chancre," is not an *adenitis*, but an affection not at all dependent on the inflammatory process, it would be well to exclude it from the class of buboes, and designate it as "induration of the ganglia," but if retained, to recognize it as the "syphilitic" or "indurated" bubo.

In our notice of Part III of this work, in the August number of the ARCHIVES, we called attention to the fact that the author, though *theoretically* a *unicist*, was *practically* a *dualist*. In the Part before us, the eminent translator says: "I trust the reader of this chapter will not fail to observe how completely and ingeniously M. Cullerier, now that the doctrinal points are on the *tapis*, follows the practical deductions of 'duality' in all that relates to buboes."

So much of Chapter IV as completes this portion of the work, is devoted to the lesions of constitutional syphilis, usually denominated "secondary." This, like the preceding parts of the work, contains notes by the translator, which add much to its intrinsic value. The ample and very beautiful illustrations which this part contains, compare favorably with those which have preceded them.

W.

THE ANATOMY AND HISTOLOGY OF THE HUMAN EYE. By A. METZ, M. D., Professor of Ophthalmology in Charity Hospital Medical College, Cleveland, Ohio. Philadelphia: Office of Medical and Surgical Reporter. 1868.

This is the title of a neat little octavo volume of 184 pages, neatly illustrated, which has just left the press.

With scarcely an original idea, the book is almost a verbal translation of the first chapter of the Anatomy of the Eye, from Pitz' Lehrbuch, 1859; and yet to the American medical profession it will prove a welcome little volume, in as much as the author, in addition to what is already contained in Pitz, has carefully collected from the entire literature, nine-tenths of which is German, all new investigations upon the subject. It is, in this respect, a happy compilation, and will, no doubt, be of great advantage to those who pay attention to diseases of the eye. We cannot repress the suggestion, that authors should not use Latin phrases, unless conversant with the language. The errors in this respect in this book, for instance on pages 26, 27, 53, &c., are culpable; and as no mention is made of them in the errata, a censure on such gross looseness is considered necessary. The book is well gotten up; the paper, printing, and binding are good, and the wood cuts well executed. A. H.

DENTAL MATERIA MEDICA. Compiled by James W. White. Philadelphia: Published by Samuel S. White. 1868.

This is a very neatly printed and bound duodecimo volume of 108 pages. No effort, we are told, has been made to give original ideas, but simply to collect from reliable authorities a list of remedies in frequent use by the profession, and the indications for their employment in dentistry. In his effort to make the work convenient and useful, we think he would have succeeded much better had the compiler adopted some scientific, or, at least, systematic arrangement. W.

THE PHYSICIANS HAND BOOK FOR 1869. By WILLIAM ELMER, M. D. New York: W. A. Townsend & Adams, Publishers, No. 434 Broome street.

This little work is not simply a "Hand Book" in which the physician can keep a record of his practice, but is, in reality a

valuable pocket compendium of practical medicine. We know not how it would be possible to condense so large an amount of really useful matter in a smaller or more convenient compass, and we feel assured that the busy practitioner cannot fail to draw from its pages many useful hints and valuable suggestions in the daily round of his practice. It is handsomely printed on excellent paper, and neatly and durably bound. W.

The following have been received, and will be noticed in our next number :

Transactions of the Medical Society of Pennsylvania at its 19th Annual Session. Vesico-Vaginal Fistulæ from Parturition and other Causes; with Cases of Recto-Vaginal Fistulæ. By Thomas Addis Emmet, M. D., Surgeon, &c. From William Wood & Co., New York.

Also the Annual Address of the Retiring President, Dr. Edward R. Stevens, of Cincinnati, to the Ohio State Medical Society. On Bartholow and Pro's "Liberal Use" of Prize Essays; or Prize Essaying made easy and taught in a single lesson. By Geo. C. Blackman, M. D., Prof., &c. Lindsay & Blakiston's Catalogue of Medical Books, Philadelphia. Henry C. Lea's Illustrated Catalogue of Medical, and Surgical, and Scientific Publications. Philadelphia.

EDITORIAL NOTES AND VARIA.

Some of our subscribers have not yet responded to our former intimation that money was a very important item for the successful conducting of a Journal. We are sorry to be compelled again to remind them of so self-evident a fact. Will those who are in arrear please oblige us by remitting the amounts due us, without further delay? We would be pleased to enclose to every one a receipt in our next number.

THE NEBRASKA STATE MEDICAL SOCIETY.—It is with pleasure we lay before our readers in this number, a resumé of the proceedings of the first meeting of the Nebraska State Medical Association, and of the Convention held preliminary to its organization, as furnishing evidence of the lively interest felt by our pioneer brethren in the advancement of medical science, and of the necessity of elevating the *status* of the profession, both in their several communities and in their State, by cutting loose from, and drawing plainly the line of demarcation between an educated profession and the horde of quacks and impostors, that are now-a-days everywhere met with. The following extracts from a letter received from one of the members of the Society, has the “right ring,” and speaks for itself:

“We are young and weak in numbers—any amount of irregular practitioners throughout the settled portion of the State—but we have started out appreciating all the difficulties and responsibilities we shall incur, and I have no doubt that we shall win. The medical practitioner now-a-days has to battle with so many prejudices, and so much ignorance that considers itself sharp, that he really occupies an unenviable position in society.”

We can but assure our brethren that they have our full sympathy in their enterprise, and that we sincerely hope that their organization may prove an entire success. Most cordially we extend them the right hand of fellowship.

OBITUARY—Dr. Joseph Nash McDowell, widely and popularly known as an eminent surgeon, and founder of the first medical college established west of the Mississippi river, died at his residence in this

city, of congestive chills, after a few hours illness, on the morning of Friday the 25th ult., in the 64th year of his age.

Dr. McDowell was a native of Kentucky, graduated at Transylvania University, and after practicing with success in his native State, was for a time connected with the Miami University, and afterwards with the Cincinnati Medical College. He removed to St. Louis in 1840, and soon after established the medical college now known as the Missouri Medical College, or more popularly "McDowell's College," with which he remained identified until his death.

At a meeting of the Faculty of the College, held on Friday evening, the 25th of September, the following resolutions were submitted by Professor John S. Moore, and unanimously adopted by the Faculty:

1. That it is with unfeigned sorrow that we have to record the sudden death of our venerable friend and colleague, Professor Joseph N. McDowell, with whom we have been so long associated.

2. That in the death of Dr. McDowell this institution has lost not only its founder, but one who has devoted his entire life and energies to the cause of medical education in the West, the profession of surgery one of its brightest ornaments, and the community an honored and useful member; one whose ear was ever open to the cry of the distressed, and whose hand was ever ready to alleviate the sufferings of humanity.

3. That we tender to the widow and family of the deceased our sincere sympathies.

4. That as a mark of respect we will attend his funeral in a body.

5. That a copy of these resolutions be signed by the Secretary, and sent to the family of the deceased, and published in the papers of the city.

At the meeting of the St. Louis Medical Society, on the following evening, upon the formal announcement, by Dr. Maughs, of the death of Dr. McDowell, the Society adjourned in order that as a meeting of the physicians of St. Louis they might take suitable action in regard to Dr. McDowell's death. After appropriate remarks, the following resolutions were adopted:

WHEREAS, In the dispensation of Providence, Dr. J. N. McDowell has been suddenly removed by death, therefore

RESOLVED, That we, the Physicians of St. Louis, do hereby express our deep and sincere grief at the death of our eminent and learned Brother, who was, by his learning, skill and originality, a shining light in our profession.

RESOLVED, That we deeply sympathise with his bereaved family in their irreparable loss; but we at the same time feel that they have a consolation in the great name that he leaves behind—an honor to them, and to the profession he adorned.

RESOLVED, That to show our respect for his memory, we will attend his funeral in a body.

RESOLVED, That a copy of these resolutions be sent to his family.

COTEMPORARY JOURNALS.—Quite a number of changes have recently occurred among our exchanges. In New York City there has been quite an epidemic.

The *Medical Record*, published by William Wood & Co., has undergone a change in the editorial department.

The Messrs. Appleton have assumed the publication of the *Quarterly Journal of Physiological Medicine and Medical Jurisprudence*, and the *New York Medical Journal*. There is no change of editorship.

The *Medical Gazette* has passed into the editorial charge of Drs. Alfred L. Carroll and John C. Peters, who desire all communications for them to be addressed to 434 Broome street. They announce that with the commencement of their second volume, the form of the *Gazette* will be altered to royal octavo, and the number of pages increased, as also the price. John Sarell, 72 Broadway, is the publisher.

Several new candidates for popular favor have made their appearance on our table.

The *Monthly Medical Reprint*, a reproduction of the most valuable articles published in the latest issues of the leading British medical journals, with occasional translations from the French and German press, should, if the selections are judiciously made, prove a valuable acquisition to American journalistic literature. It is published by John Hillyer, 14 South William street, New York, at five dollars per annum. It is to be regretted that the mechanical execution of the journal is not of better character.

The *Physician and Pharmaceutist*, is the title of a spirited quarterly published by Messrs. Reed, Canrick & Andrus, of New York. In their prospectus, they say that each number will contain a brief compendium of *medical, chemical and pharmaceutical* literature for the three preceding months, culled from foreign and American publications and also original articles from the best sources in this country. A

portion of space will also be devoted to questions and answers on all subjects relating to medicine, chemistry and pharmacy, and the publication of valuable formulæ. At the nominal price of fifty cents per annum, it should have a large circulation.

The Pharmacist, is the title of a very neat journal, the first number of which is just issued by the Chicago College of Pharmacy. For the present, we are informed, "it will be issued quarterly, but it is expected soon to issue it monthly, with an increased quantity of reading matter. It will be devoted to the general interests of Pharmacy—practical, commercial and scientific—and no effort will be spared to make it a valuable paper to every druggist." The relations which exist between the physician and the druggist are such, and the sciences of medicine and pharmacy so mutually dependent, that the intelligent practicing physician cannot but feel a lively interest in everything that tends to the establishment of a thoroughly scientific pharmacy throughout our entire country.

The number before us contains an article on Pharmaceutical Education, from which we extract the following, in regard to its importance:

"In no position in society can knowledge be made of more value, either in a pecuniary sense, or in its influence upon others. To no one is entrusted more important duties than to the pharmacist; he stands between the physician and his patient, a necessary auxiliary in the healing art. Even the skillful *may* err, but who can estimate the danger of ignorance in such a position." The time will soon come, the writer says, when laws governing the practice of pharmacy will be enacted, and that no well-wisher of his race will desire their delay. "The intelligent physician and the public will demand greater security against the results of ignorance and carelessness in those calling themselves apothecaries; while the faithful dispenser will find such restriction a happy release from the baneful competition of impostors and quacks, who now disgrace the calling of a pharmacist, and endanger the lives of the community."

The Chicago College of Pharmacy, we are informed, is in a flourishing condition, and we are glad to be able to say the same of the College of Pharmacy in this city. The several chairs are filled by gentlemen of acknowledged ability in their profession, and there is no reason why the St. Louis College of Pharmacy should rank second to any in the country.

COURTESY.—We notice that some of our cotemporaries are in the habit of publishing articles from other journals under the general head

of Selections, without giving credit to the journals from which they are "selected." A recent number of the *Atlanta Medical and Surgical Journal*, is nearly entirely made up of such selections, and among them we recognize one from the ARCHIVES. The June number of the *Galveston Medical Journal* contains sixteen pages of our "Reports of Medical Societies," without credit, and we have noticed similar oversights in others of our exchanges. When published, our articles of course become public property, and we are gratified that our cotemporaries find them worthy of republication, but we have no objection to receiving credit for them.

HOW QUACKS WERE TREATED IN THE FOURTEENTH CENTURY.—From a very interesting volume, entitled "Memorials of London and London Life in the Thirteenth, Fourteenth and Fifteenth Centuries," we extract the following instance of the manner in which medical imposters were then treated. One Roger Clerk professed to be learned in the art of medicine, and prescribed, for a woman suffering from fever, the hanging of a certain document round her neck, containing certain words which he stated were an antidote to the disease under which she suffered. The charm did not work. He was summoned before the mayor and alderman in the Guildhall of London, at the instance of the husband of the patient, to show upon what authority he practised the art of medicine. His own statement was sufficient to convict him of being a rogue and an impostor, and he was forthwith ordered to be placed in the pillory, and therein to be punished for the offence against society. His progress to the pillory is thus graphically described: "It was adjudged that the same Roger Clerk should be led through the middle of the city, with trumpets and pipes, he riding on a horse without asaddle; the said parchment and a whetstone, for his lies, being hung about his neck, an urinal also being hung before him and another urinal on his back."

The offence which Roger Clerk committed was venial compared with some of the flagrant crimes which quacks nowadays too frequently perpetrate. If he was righteously punished, how should we mete out punishment to the harpies and villains of our time who prey upon the weakness and credulity of the miserable victims who are attracted by their infamous advertisements to place themselves under their care.—*Lancet*,—*Med. News and Library*.

RATTLESNAKE POISON.—The following are the conclusions at which Dr. Weir Mitchell has arrived:—1. One-fourth of a drop of the venom is fatal to pigeons under the age of four months. One-eighth of

a drop is frequently a fatal dose. 2. The venom is absolutely harmless when swallowed, because (a) it is incapable of passing through the mucous surfaces; (b) it undergoes changes during digestion, which allows it to enter the blood as a harmless substance, or to escape from the canal in an equally innocent form. 3. Twenty-four hours after it has been swallowed, the contents of the bowel contain no poison. 4. The rectum of the pigeon does not absorb the venom, and it causes no injury when placed on the conjunctiva of animals. 5. The venom passes through the membranes of the brain, and more swiftly through the peritoneum and pericardium. 6. When the venom passes through the peritoneum it so affects the walls of the capillaries as to allow of their rupture and of the consequent escape of blood. The same phenomena appear on the bare surface of muscles thus poisoned. This, together with the defect of the coagulability of the poisoned blood, accounts for the excessive hæmorrhage about the fang wounds. 7. The blood globules are unaltered in venom poisoning. 8. The rattlesnake is not susceptible of injury by the venom of its own species. 9. The sulphites or hyposulphites of soda or lime have no antidotal power. 10. Carbonic acid sometimes delays the fatal result, and usually lessens local hæmorrhage. 11. These effects are due to no influence of the acid on the venom, but to a direct effect upon the local circulation of the envenomed part. 12. Carbolic acid has no value as true antidote, and when given internally does not affect the ordinary issue.—*New York Medical Journal*.

MICROLOGY.—Dr. Salisbury has added thirty new varieties of vegetable parasites, which he describes as characteristic of particular conditions of the urinary, intestinal, and mucous secretions generally. Mr. J. Berkeley, the most distinguished of British micrologists, thinks Hallier's and Salisbury's notions to be entirely theoretical. That some cutaneous disorders arise from fungi is pretty certain, but there is nothing to show that fevers and other contagious and infectious disorders arise from the same cause. It was supposed that diphtheria depended on a fungus; but there is no fungus in diphtheritic membranes. Such investigations require great caution, as the junctions of the cell walls are very deceptive, and may be mistaken for fungous spawn. Dr. J. Richardson, of Cayuga county, has frequently met with the molecular substances called *zymotosis translucens* by Salisbury, which is doubtless identical with the "globulins" of Donné and the "molecular substance" of Griffiths and Henfry. But he also found much more distinct rounded particles which did not fade rapidly from

view, and having an active rotary or erratic motion, strongly resembling in many respects the primary stage of certain infusoria, as seen in solutions of decomposing animal matter. To test the matter he four times drank of putrid water which had been standing upon meat for four or more days, containing immense quantities of vibriones and bacteria, and thought he discovered these creatures in his blood afterward. But it is interesting to know that while his stomach was filled, and his blood perhaps impregnated with these infusoria, that the only symptoms produced were headache, furred tongue, dryness of the throat, and slight diarrhœa, which all passed off in a day or two. He got no typhus fever, cholera, or carbuncular disease in consequence of his experiments.—*Med. Gazette.*

F. B. GREENOUGH, M. D., in an article on *Gonorrhœal Rheumatism* in the *Boston Med. and Surg. Jour.*, observes: "With regard to treatment, perfect rest is the most essential part. If the pain is severe, two or three leeches may be applied with relief. Evaporating lotions may also be tried. When there is an effusion into the joint, the part may be rubbed with a salve containing iodine or iodide of potassium. If resorption does not take place, compression should be used, either by bandages, or still better by compressed sponges. All authorities agree that the remedies which have been supposed to be beneficial in rheumatism, such as the alkalies, colchicum, iodide of potassa, etc., have no influence in this affection. Perhaps it is lucky for us that the differential diagnosis is not dependent on this fact alone. The urethral trouble must be treated exactly the same as it would be if no articular complication existed."

ATROPINE AS AN ANTIDOTE TO OPIUM POISONING.—Dr. M. S. Buttles, of New York, reports, in the *Med. Record*, a most extraordinary and interesting case, in which restoration from opium poisoning was effected by the hypodermic use of atropine, after artificial respiration had been kept up for an hour and a half, without any signs of returning life.

He had been in the habit of giving the lady subcutaneous injections of gr. ss morph. sulph for the relief of severe neuralgic pains. An injection of this kind given in the evening, having produced "but slight relief," he next morning injected "exactly m. xv, Magendie's solution (equal to gr. ss morphinæ)," and remained fifteen or twenty minutes, until she was easier. Very soon he was recalled with the statement that his patient was dying, and "found her lips purple, the respiration seven per minute, no pulse at the wrist and but one sound at the

heart; pupils contracted to a fine point, frothing at the mouth, and the extremities cold." Very soon "she entirely stopped breathing," when he resorted to artificial respiration. While this was in progress Prof. Budd saw the patient and pronounced her dead, and "laughed at the idea of keeping up artificial respiration." Urged to suggest something, he proposed atropine to be given hypodermically, but said that "as she was dead it would not bring her round. We resolved, however, to try it. By this time artificial respiration had been kept up for an hour and a half. One-sixtieth of a grain of the sulphate of atropia was injected, and in fifteen minutes she showed signs of life, the pupils began to dilate, and in ten minutes more she began to breathe; respiration rose to twelve per minute: in half an hour we repeated the dose, making in all one-thirtieth of a grain of atropine; and in about fifty minutes from the time of giving her the first injection she returned to consciousness, and is living now, with a blank in her life of two hours and a half.

To Dr. Budd is due the credit of suggesting the remedy."

IODINE AND CARBOLIC ACID.—Dr. Percy Boulton has introduced into use the following solution, for which he claims therapeutic virtues of superior efficiency: *R.* Tr. iodine comp. m. xiv; acid carbolie cryst. (fusa) m. vj; glycerinæ ꝓvij; aq. distillat ꝓv. *M.*

In from eight to ten days the iodine color gradually disappears and the solution becomes colorless. If the cork is secured and the mixture exposed to a water bath of the temperature of from 90° to 100° F., the change will be effected in eight to ten hours. Exposed to the sunshine the solution becomes somewhat turbid, and deposits a muddy precipitate. "The solution possesses antiseptic and stimulant properties in a marked degree, and has met with favor in the form of injections, gargles, and lotions in cases of sore throat, ozæna, abscesses of the ear, and foul or indolent ulcers," and has also been recommended as an injection in hæmorrhoids, and by inhalation in throat and bronchial affections.

STYPTIC PAPER.—It is well known that the perchloride, or as it is sometimes called, the muriate of iron possesses styptic or hæmostatic properties in a high degree. To obviate the inconvenience of carrying it about in solution, and also of applying it, M. Gustave Gabillon, of Paris, has devised a "styptic paper," the method of preparing which is as follows:

In a vessel carefully tinned inside, he keeps boiling for four hours, (skimming from time to time, and adding water to replace that evapo-

rated,) a solution of one pound of best quality gum benzoin, one pound of rock alum, and four and a third gallons of water. As soon as the solution is cooled it is to be filtered, and the paper or tissue to be dipped into it, kept there until saturated, and then carefully dried, after which a solution of the perchloride, more or less concentrated, is applied with a brush or roller. The paper or tissue thus prepared may be preserved for any length of time in a state always ready for use, by excluding it from the air.—*Exchange*.

LACTATION BY A WOMAN SIXTY YEARS OLD.—Dr. William A. Gillespie, of Virginia, records in the *Boston Medical & Surgical Journal*, the case of a widow lady, aged about sixty, whose daughter having died, leaving a child two months old, took the child and tried to raise it by feeding. The child's bowels became deranged, and being unable to procure a nurse, and her breasts being large and full, he advised her to apply the child, in hopes milk would come. She followed his advice perseveringly, and to her astonishment a plentiful secretion of milk was the result, with which she nourished the child, which afterwards became strong and healthy.

EXTRAORDINARY FECUNDITY.—Dr. Becker Laurich, of Rounenburg, communicated to the Gynecological Society the history of a woman twelve years married, and actually enceinte for the nineteenth time. Her first child was born at full moon; then she aborted nine successive times at four months, then gave birth to a child at eight months, afterwards aborted seven times in succession at the fourth month. At present she is again enceinte, but there are symptoms of approaching abortion, such as sero-sanguinolent discharge, etc., and it is not probable she will reach the term of gestation, in consequence of her numerous and laborious occupations. Notwithstanding the violent hæmorrhage which attended each abortion, and which often endangered life, she is a stout, hearty-looking woman.—*Exchange*.

DANDRUFF IS A SQUAMOUS DISEASE of the skin, technically called pityriasis; when on the scalp it has the specific designation of pityriasis capitis. There is a slight irritation of the skin, of a peculiar character, in which itching is the predominant sensation, and minute bran-like scales are secreted abundantly on the surface, and thrown off in a shower when the part is briskly scratched or rubbed. It is sometimes merely a slight scurf, and sometimes it is almost a foul disease, from the dirty condition of the hair, which is filled with the powder. Combing and scratching the integument only aggravate the affection.

The hair should be cut short during the period of treatment. In the early stage of the complaint an alkaline lotion to soothe the part is proper and useful. For example:—

R. Soda bicarbonatis.....	ʒij,
Glycerine.....	ʒiij,
Water.....	ʒix.

With this wet the skin of the head morning and evening.

This may be varied for other alkalies, of which the borate of soda answers, often, an excellent purpose, and soothes the itching. In later stages of the disease, when it has become chronic, a stimulating lotion answers better, and then something like these are advisable:—

1. R. Liquor ammoniæ.....fl. ʒj,
Glycerine.....fl. ʒiv,
Sp. Lavandulæ.....fl. ʒij,
Aquæ puræ.....fl. ʒviiij.
2. R. Soda bicarb.....gr. xxv,
Sp. rosmarini.....fl. ʒj,
Aquæ rosæ.....fl. ʒviij,

Either of the above must be used only often enough to increase the action of the skin in a moderate degree. We suppose that carbolic acid in weak solution would be found to be useful, and a solution of the bisulphate of soda might be tried with strong probabilities of effecting a cure.—*Drug Circular.*

CARBOLIC ACID IN BURNS.—Dr. E. R. Squibb states (*Med. Gazette*) that “some of the applications of carbolic acid are really but revivals of old methods of practice; thus creosote has a very deservedly high reputation as an application to burns, and as carbolic acid is medicinally at least identical with creosote, it is but changing the name of the agent. In my own person I have experienced its benefits, and once tried the following experiment: Accidentally scalded by a jet of steam, a solution of carbolic acid, which is kept constantly on hand for such purposes, was at once applied on a piece of lint, before the pain became severe. In two or three minutes the pain was gone. In an hour the dressing was removed and the pain then returned. The dressing was renewed and the pain again ceased, but to return again when the dressing was removed. This anodyne effect has not been explained as yet, and does not appertain to its peculiar character as an antizymotic. A boy employed in my factory broke a bottle of compound spirits of ether, saturating the front of his pantaloons; this then took fire from a lamp which he was using, and he was quite severely burned over the lower part of the abdomen, the genitals, and

the upper part of the thighs. In my absence he was taken to his home and dressed with cotton and oil. In a few hours I obtained permission from his medical attendant to apply the carbolic acid, which was attended with speedy relief of his pain, and he had a quick recovery. This application of the carbolic acid is one of its most valuable uses."

PURE WATER.—Dr. Fleming last year read a paper before the British Association on the prevalence of tapeworm in Birmingham, England. He supposed it was caused by the water containing sewage contamination. If this is so, it would appear that tapeworms may be propagated by impure water as well as by unclean pork. It is a hint to us to take precautionary measures to have our drinking water as clean as possible. Without containing germs of tapeworms, it may contain many other impurities and parasitical eggs. Cooking, of course, destroys all these, and this is one of the reasons why the general moderate use of coffee and tea has been productive of increased health. Simple water becomes flat and unpalatable by cooking, as the heat drives out all the air which it contains in solution; therefore a perfect filter, or melted clear ice, is the best thing for obtaining good drinking water when it cannot be obtained from a deep pure well or spring, purified by natural filtration.—*Chem. Gazette*.

TREATMENT OF TONGUE-TIE.—Instead of clipping, the usual remedy, Mr. Maunder, of the London Hospital, recommends to tear or lacerate the membrane. This can be done under veil of making a digital examination, by placing the finger nail on the frænum, and making pressure downward and backward toward the floor of the mouth. Its performance, he says, is simple, and as no surgical instrument is employed, is highly acceptable to mothers.

RELIEF OF PAIN IN OPEN CANCER.—A writer in the *Lancet* says that the exquisite pain of open cancer is best relieved by a stramonium ointment, for which the following formula is given: Half a pound of fresh stramonium leaves, and two pounds of lard; mix the bruised leaves with the lard, and expose to mild heat until the leaves become friable, then strain through lint. The ointment is spread on lint and changed three times a day.

DIVISION AND EXCISION OF FIVE INCHES OF THE MEDIAN NERVE WITHOUT LOSS OF SENSIBILITY.—Dr. J. C. Nott communicates, in the *N. Y. Medical Journal*, a case from his practice, "in which five inches of the median nerve were taken out without impairing the sensibility of the parts to which it was distributed." A neuromatous

encysted tumor, as large as a cocoanut, and extending from an inch below the bend of the arm to within an inch of the wrist, was found to have the fibres of the median nerve so intimately incorporated with the sac, that it was necessary to divide the nerve above and below the tumor, thus removing at least five inches of the trunk. Neither paralysis nor loss of motion followed the operation.—*Med. Gazette.*

ARTIFICIAL RESPIRATION IN CASES OF OPIUM POISONING.—As a result of his experience, Dr. A. N. Perkins, of Jasper, Texas, is highly eulogistic of artificial respiration in cases of poisoning from overdoses of opium.

“Nothing,” he says, “can be calculated upon with more certainty than that the condition of a patient poisoned with opium can be improved, if not entirely relieved by timely, judicious and persevering efforts to continue the functions of the lungs by artificial respiration. I do not hesitate to give it as my opinion that if artificial respiration is resorted to in cases of opium poisoning, before the extinction of life, and is persevered in sufficiently long to give the eliminating organs time to free the system of the poisoning, that the patient, as a general rule, will recover.—*Galveston Medical Journal.*

PRACTICAL USE OF CARBOLIC ACID AS A DISINFECTANT.—During one week the New York City Board of Health caused over eighty miles of streets to be sprinkled with a mixture of a solution of carbolic acid and sulphate of iron, using one thousand gallons of the former and seven tons of the latter. The effect was to decrease the mortality of the city about eight per cent.—*Physician and Pharmaceutist.*

A NEW HAIR DYE.—Dr. McCall Anderson, in a recent paper, says: “During the treatment, I accidentally discovered what promises to be the most perfect black dye for the hair which has been seen.

After having used the bichloride lotion for some weeks, I changed it for the lotion of the hyposulphite of soda, and the morning after the first application the hair of the part, which before was bright red, had become nearly black. One or two more applications rendered it jet black, while neither the skin or the clothing were stained. I saw this patient a couple of weeks later, and there was not the least deterioration of color, although, of course, as the hair grows, the new portions will possess the normal tint. He was by occupation a Turkey-red dyer, and was much interested in the discovery, though rather grieved to find, what medically must be considered one of its greatest advantages, that it did not dye the linen, and was therefore unavailable for his purpose.”

SILICATE PAINT FOR STOVES AND OVENS.—Black-lead certainly has its recommendations, but it can hardly be said to be ornamental, while it entails an immense amount of labor on our servants. A suggestion has been made to do away with black-lead and paint the stoves and ovens with water-glass (silicate of potash) which may be colored with pigment to match the paint of the apartment. Before this is applied the iron must be thoroughly cleaned from grease, and all rust-spots must be rubbed off with a scratch-brush. Two or three coats of the paint may then be put on and allowed to dry, after which the fire may be lighted without fear of injury to the color, which may, indeed, be heated to redness. Grease or milk spilt over the paint has no effect upon it, and it may be kept clean by washing with soap and water. Dutch-ovens and like utensils may also be coated with the same materials, and the labor spent in polishing be saved. A good coating of the paint, the author says, will last a year or two.

A GOOD CEMENT, which may be rendered sufficiently flexible by the addition of a little glycerine, is made by digesting one ounce of finely cut isinglass (true) and two of gelatine in a quart of water, straining the mixture, and evaporating it to six fluid ounces; these are then mixed with a scruple of mastich dissolved in half an ounce of alcohol and rubbed up with a little zinc-white and varnish.—Or, gutta-percha in shreds (one or two parts) is dissolved by agitating with (10 parts of) oil of turpentine, and the solution, when strained and warmed, is mixed with (10 parts of) linseed-oil varnish.—*Chem. Gazette.*

ELASTIC AND SWEET GLUE—Which does not spoil, is obtained as follows: Good common glue is dissolved in water, on the water bath, and the water evaporated down to a mass of thick consistence, to which a quantity of glycerine, equal in weight with the glue, is added, after which the heating is continued until after all the water has been driven off, when the mass is poured out into moulds, or on a marble slab. This mixture answers for stamps, printers' rolls, galvano-plastic copies, etc.

The *Sweet Glue*, for ready use by moistening with the tongue, is made in the same way, substituting, however, the same quantity of powdered sugar for the glycerine.

FOR DISSOLVING OLD BLOODSTAINS.—Dr. Helwig recommends a solution of iodide of potassium in its fourfold weight of water.

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BRAIN MATTER AND MIND ACTION.

A Paper read before the St. Louis Medical Society, Oct. 10, 1868, by A. J. STEELE,
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and Minor Surgery in the Humboldt Medical College.

The question of relation of brain substance to intellection especially interests the physiologist, as it pertains to organic function; but the psychologist, now that his department is beginning to be understood as a science, the principles of which rest upon the structure of the brain and nervous system, will especially seize with avidity any new facts bearing upon the subject, and endeavour to determine just what faculties of the mind would be impaired, and to what degree, by the destruction of certain portions of the encephalon. Individually I am neither a physiologist nor a psychologist, but still am sufficiently interested in this subject, and sufficiently desirous of expressing an opinion founded on observation and scientific teaching, to appear before you at this time.

Standard authors have long been telling us that loss of brain matter could be endured to a very considerable extent without impairment of the mental capabilities. Druitt says: "Instances are numerous in which portions of the brain have been lost, without any ill consequences at the time or afterwards."

Prescott Hewitt, surgeon of St. George's Hospital, speaking of cranial lesion, asserts, that "however dangerous such an injury

may be, the records of surgery contain a large number of cases in which, after the escape of more or less cerebral matter, the patient has recovered, and that too without any apparent detriment, either physical or intellectual."

M. Spring publishes a case, in which a protrusion of the brain involved the whole of the left hemisphere; notwithstanding which the patient "got well," and lived for eleven years afterwards, and at the post mortem examination the left side of the cranium is said to have been found quite empty.

Good old Ambrose Paré reports a case where a lance, having been driven some distance into the skull of a soldier, a fellow comrade with difficulty withdrew it, and strange to relate the man entirely recovered. We have something similar from Dr. Jewett, who attended, and lately reported as having recovered, a man, who, while blasting coal in Ohio, had a tube of iron—a gas pipe, five-eighths of an inch in diameter—driven through his head, or at least so nearly so that a fellow miner pulled it entirely through.

Gross, while on brain lesions, tells us that "in these cases the mind is not necessarily affected, that large quantities of cerebral substance is lost and yet the patient makes a most excellent recovery, his intellect not only being unimpaired but perhaps improved by the occurrence." Surely, a remarkable statement to emanate from the pen of America's most distinguished surgeon, doubtless however, the expression of an opinion founded on the report of such cases as the following, related to me by my confrère Prof. Keuckelhan.

In 1854, his (Prof. K.'s) little nephew, æt. 3 years, fell to the ground from a loaded wagon, on which he was riding, and a wheel of which passed over and crushed his skull; pieces of bone were removed, hernia cerebri followed at the junction of the right temporal with the parietal bone, and a portion of the protruding hemisphere, the size of a hen's egg, was removed with the knife. From all of which the little patient not only recovered with unimpaired intellection, but his mental faculties seemed to have been sharpened by the occurrence, and as a youth, he exhibited a precociousness beyond his years. The case was under Dr. K.'s

constant supervision, and at the present time, now nearly fifteen years since the accident, the subject is not only alive, but without any unbalance of mind, though there exists somewhat of deformity of the skull.

I might multiply these cases of so-called recoveries, and give the assertions of titled authorities as corroborative of the same, but for our purpose sufficient has already been adduced. The conclusion that would evidently be drawn from the above statements and cases is, that the mental attributes do not depend, either for their presence or expression, upon the entire brain mass; in other words, portions, very considerable portions, of the cerebral hemispheres may be destroyed, and still intellection remain unimpaired. Individually I doubt the possibility of such an occurrence,—it is certainly contrary to reason and the teachings of science. The brain is the seat of intellection, and as such it must be present in its entirety that the mental faculties may be perfect. Certain portions may seem more important to the display of this function than others, but loss of any destroys the harmony and breaks up the equilibrium of the whole, and is sure to find expression in an impaired or disordered mind. In cases where loss of portions of the encephalon has been followed by no *seeming* functional derangement, it must be that *close* observation would have detected something of aberration. Too immature conclusions and too generous credulity, have unfortunately been characteristic of many observers and writers in the field of medicine. Had the observers who report these remarkable cases of *entire* recoveries, while admiring the conservative powers of nature, exercised more care and closer study, they would have recognized certain deviations from the normal which they have failed to record. As indicative of the truth of these assertions, and as rebuttal of the cases and opinions quoted above, I will call attention to two additional cases; the first, that of Gage, reported by Harlow, and the second, one that came under my own observation, in both of which, as will be seen by the sequel, severe brain lesions resulted in much and marked impairment of mind.

In 1848, Phineas P. Gage, while blasting rock in Vermont,

had a tamping iron, three and a half feet in length, one and a quarter inches thick, tapering at one end and quite smooth, and weighing thirteen pounds, driven through his head in consequence of the premature explosion of the blast. The missile entered by its pointed end the left side of the face, external to the body and anterior to the angle of the jaw, passing obliquely upwards and backwards under the angle of the zygoma, and emerged from the top of the cranium in the median line, just in front of the coronal suture. The opening in the skull was two inches wide by three and a half long, and brain-matter was hanging in shreds on the hair. Dr. Harlow, who attended the case, passed his finger its whole length down into the substance of the brain. Though the patient's life was despaired of from the first, and a fatal termination considered especially certain when inflammation set in, followed by delirium, still his powerful constitution, aided by judicious treatment, carried him through, so that at the end of six months he enjoyed fair health and strength.

The case was extensively reported in the journals of the day, and excited no little comment from professional men; and I doubt not, it is as familiar as "household words" to each gentleman here present, for since its occurrence, didactic teachers of surgery in every college, from the Gulf to the Lakes, have been in the habit of relating it periodically to their classes. It became incorporated into our standard literature, for I find in Gross, vol. II, p. 292, ed. 1859, a description of it, with this concluding clause: "The patient made an excellent recovery, completely regaining his mental and physical faculties, except the loss of his left eye."

The sequel, however, of the matter, was not known until very lately. This important link in the case has been furnished by Dr. Harlow, in a report made to the late Massachusetts State Medical Association, from which we gather that Gage lived twelve years after the accident, labored for his subsistence in different portions of this country and South America, was ill at various times, and finally, while in California, succumbed to epileptiform convulsions. The effect of the injury seems to have been the destruction of the equilibrium between his intellectual faculties

and the animal propensities. He became suspicious, fitful, irreverent, impatient of restraint, vacillating, a youth in intellectual capacity and manifestations, a man in physical system and passions. Those who once knew him as a shrewd, smart, energetic, persistent business man, recognised the change in his mental character. The balance of his mind was gone. He gave his nephews and nieces wonderful accounts of his hair-breadth escapes without shadow of foundation in fact, and conceived a great fondness for pets. He was troubled with uneasiness in his head, and had sight in his left eye, though the lid was not subject to the will.

No autopsy was had, but through overtures made to the relatives, Dr. Harlow obtained possession of the skull, which, with the tamping iron that made the havoc, he exhibited to the Association. In his report made at the same time, he remarks that "the case had been cited as one of recovery; physically it was nearly so, but mentally it was only partial. There was no dementia, the intellectual operations were perfect in kind, but not in degree or quantity." And thus we find the falsity of Gross's statements in two particulars, first, Gage's eye-sight was not lost, and second, his mind was much, very much impaired by the accident.

To Dr. Harlow the profession certainly owe a debt of gratitude for the persistent manner in which, during a period of twenty years, he followed up this case, and for the completeness with which he has furnished us the facts connected therewith. Was his example more generally followed, we would have fewer cases of so-called entire recoveries after brain lesions.

In this connection perhaps it would be proper to mention an incident that occurred in 1853, while three American medical gentlemen—one a member of this Society, and with all of whom I have had the pleasure of being acquainted,—stood in the Hôpital Cochin, Paris, listening to the clinical remarks of Maison-neuve, who at that time, from the boldness of his operations and the soundness of his statements, was beginning to divide the attention of medical men with the prominent surgical lights of the metropolis. The case in hand was an injury of the head,

discoursing on which, Maisonneuve took occasion to refer to a remarkable case of reputed cure after extensive lesion of the brain, reported in the journals, and attracting some little attention from the surgical world, being in fact none other than our Gage case. In alluding to it, he begged to remind the gentlemen present that it had been reported by an American surgeon, and consequently was entitled to but little credence; a stricture, which, though galling as it must have been to our friends, was nevertheless merited, as we now know from the sequel of the case; for, as has been shown, Gross reported it as one of entire recovery, mentally as well as physically. We feel assured that the present reputation of American surgeons with the profession of Europe, is much improved to what it was; in fact is now second to none others. But the incident related furnishes an insight into the views entertained by one of the most skilful and scientific surgeons of his day, on the subject we have been considering, favoring the opinion that injury done to the cerebrum modifies cerebation, which is intellection.

Within my own experience, and while connected with the Army, happened a case confirmatory of this same opinion. A private of my regiment, while lying on the ground, the better to avoid the bullets of the enemy, was shot in the top of the head, at the battle of Antietam, Sept. 17, 1862, the ball penetrating the calvarium, posterior to the left frontal eminence, about half an inch anterior to the coronal suture. My attention being called to the man about two hours afterwards, I found him semi-comatose, pulse slow and feeble, face puffy—œdematous—and eye-lids swollen shut. I passed a pocket probe its whole length—five inches—through the cranial wound, downwards into the middle fossa of the skull, just behind the lesser wing of the sphenoid, but was unable to reach the ball, and despairing of his life I applied simple dressings, and laid him aside to die. This unfavorable prognosis, however, he failed to fulfil, for in the course of fourteen hours he rallied from his comatose condition, was fed beef-essence and other condensed nourishment, and “hung along” for a fortnight, when, a hardness being discovered at the left side of the neck, a free incision was made just under

the body of the jaw, and the ball removed; an abundant discharge of pus, blood, brain-detritus, etc., followed, and continued for some time, slowly, however, diminishing in amount. Being relieved from service and sent home, I lost sight of him for two years. In 1864, while at Utica, N. Y., learning of this man's residence on a farm near by, I took occasion to obtain his history. Physically he was so far recovered as to be doing a day-laborer's duty on a farm; mentally he had suffered much, memory was impaired and the faculties of mind weakened, he had become boyish, and withal, was individually conscious of a modified and injured intellection.

This case, like the others, illustrates the remarkably conservative powers of nature, and additionally proves that brain substance cannot be lost with impunity.

Since penning the above, another case, bearing on the same point, has come to my knowledge. It occurred in the practice of Dr. Hinkle,—a brother-in-law of Prof. Whitehill,—of Columbia, Pa., in the year 1851: A lad aged fourteen, received a severe blow from the kick of a horse; the corks of the shoes produced a severe, compound, comminuted, depressed fracture of the left parietal bone, one and a half inches in length; the brain had been lacerated, and fragments of its substance were found on the patient's hair and coat-collar; a comatose condition, with symptoms of depression of the brain, immediately supervened. The impinging tables were, through the aid of the trephine, raised, and, strange to relate, the patient immediately took up and finished the sentence which had evidently been interrupted by the accident. He made a good recovery physically, and also mentally—seemingly—but as years advanced he displayed a decided weakness of mind, the intellectual powers neither expanding nor maturing in proportion to his age, and to this day he continues pleased and contented with boyish sports and occupations, while his brothers are able, energetic men.

More cases might be adduced illustrating this same point, but these must suffice, as time presses.

It may be a question yet to determine, whether the brain, because of its duality of organism, or rather symmetrical organiza-

tion, like the lungs and kidneys, will allow of injury to or loss of a portion of one hemisphere, while the other, the opposite side corresponding, performs the functional duty of the impaired. Future investigations may answer this inquiry in the affirmative, but at present we have no reason to assert that it is so.

Mr. President, thanking the Society for its indulgence, and trusting I have made myself intelligible in the enunciation of the truth, that loss of brain-substance will be followed by impaired cerebation, I leave the matter for your consideration.

MR. EDITOR:—Since reading the above paper before the Society, I have been informed by Prof. Kueckelhan that after relating to me the case, for which I have given him credit, he was, on inquiry, more particularly advised as to the present condition of the young man in question. To set the Doctor *rectus in curia*, and to transform the case from being opposed, to one decidedly corroborative of the grounds I assume, I trust you will make this addition.

At the present time the young man is quite deaf, retains his memory, but his judgement is much impaired, and he constantly displays a jejuneness of thought, of manner and of action, belonging to one many years his junior; and this departure from the normal has been made most evident since his puberty.

A. J. S.

A SEVERE AND PROLONGED AFFECTION OF THE HIP AND
THIGH, PRESENTING SOME STRANGE AND
INTERESTING PECULIARITIES.

Reported by E. MONTGOMERY, M. D., St. Louis, Mo.

Mr. D——, a stout, healthy, active man, of about 35 years of age, was attacked last March with a severe pain in the right hip. The pain was confined to the region where the great sacro-sciatic nerve issues from the pelvis, and followed the course of that nerve down to the popliteal space; but much of the time it was principally confined to a small space around the part first mentioned.

He had been riding a good deal in a hard seated, open, rough wagon; had been much exposed to cold and wet, and when seized with the pain, supposed he had contracted "a rheumatism." Being an intelligent man, and having some knowledge of therapeutics, he prescribed for himself, and commenced taking a compound containing colchicum, guiacum, capsicum, &c., and used a liniment, the chief ingredients of which were turpentine, hartshorn and spirits of camphor. He very soon became much worse, and I was sent for to attend him.

When I saw him he had been confined to his bed for three days; the pain seemed to be excessive; his countenance looked haggard and anxious; his pulse was hard and quick, and he was thirsty, and had no relish for food. I found him sitting on a cane bottomed chair, in which situation, he told me, he had been for three days, being unable to rest on a cushioned seat, lounge, sofa, or bed, as anything warm about his loins increased the pain to an intolerable degree. One of the strange peculiarities of the case during the whole three months of its duration, was that the softness and warmth of the bed or pillow-cushioned seat, always greatly aggravated the intensity of the pain. This fact suggested to the patient the propriety of attempting to dispel, or at least

relieve the pain, by the topical application of ice, or ice-cold water; but no benefit occurred from these applications.

Viewing the case as sciatica, with, perhaps, some hyperæmia or inflammation in the nerve sheath, or in the substance of the nerve itself, or of both, I prescribed scarified cups over the hip-joint, directing twelve ounces of blood to be extracted in this way, and put the patient on the following course of medication:

R_y. Pulv. opii, gr.xij; hydrarg. chlorid. mite gr.xx; antim. sulphuret aurant., gr.xx; misce et fiat mass. et divid. in pill, no.xii.

Two to be taken night and morning until better, or until ptyalism would be produced; also a tablespoonful four times a day of the following.

R_y. Ext. colchici, ʒj; sodæ bicarb. ʒj; tinct. digitalis, ʒss; syrup pruni virgin., ʒiij; aq. menth. virid., ʒivss; misce.

The whole dozen of pills were taken, and most of the mixture, without any amelioration of symptoms; and liniments containing chloroform, laudanum or tincture of aconite, had been topically applied over the cupped surface with no better success. The patient being robust, and entertaining the opinion that deep seated inflammatory action existed in or around the nerve, near its exit from the cavity of the pelvis, I then ordered a strong fly-blister to the hip-joint and a mixture internally of

R_y. Antimonii et potass. tart., gr.ijj; tinct. rad. aconite, ʒss; tinct. digitalis, ʒss; aq. mentha virid., ʒvijss. A tablespoonful to be taken every three hours.

The blister and the antiphlogistic mixture also failed to mitigate the severity of the disease, and even the free application of morphia to the raw blistered surface had very little effect. A combination of aconite, colchicum and iodide of potassium was next perseveringly tried, but with no better results. Then the hydrochlorate of ammonia, with the bichloride of mercury, was given with no better success. About this time the patient began to complain of the pain extending across the small of his back, his urine became scanty, of great specific gravity, and was voided with great pain, notwithstanding the free use of the bicarbonate of soda, flax seed tea, &c.

The patient was now very weak, felt dispirited, languid and apathetic; had no appetite for either food or drink, and was in continual torture, without sleep at night, or ease by day. I next tried hypodermic injections, which gave but very temporary relief, and as erysipelas threatened on two or three occasions, I desisted using them, and again resumed the use of anodynes, but with very fleeting and unsatisfactory results.

Tonics, as strychnine, quinine, carbonate of iron, Fowler's solution, cinchona, *cimicifuga*, &c., &c., were next diligently used, but whilst the general condition of the patient improved, there was no mitigation of the sciatic neuralgia. It is here interesting to remark, that whilst taking the quinine and iron preparations, the urine became more copious, clear and of less specific gravity, was voided without pain, and the weakness and pain of the back were also much ameliorated. These facts were so palpable to the patient himself, that although he would not acknowledge that the remedy at all relieved his sciatica, he yet desired to take the iron and quinine pills for the apparent good they afforded to his back and urinary organs.

For about six weeks he took no other medicine than some preparation of cinchona and iron. Sometimes I would prescribe the *quinia et ferri citras*; again the precipitated carbonate of iron and quinine, or Vallet's mass, or the *ferri ferrocyanuret* or *ferri citras et quiniæ sulphas*, and again the *elixir cinchonæ et ferri*, &c., &c. As before intimated, his general health improved under these remedies. His appearance, his spirits, his appetite, and his strength somewhat improved, but the pain along the sciatic nerve from the hip-joint to the popliteal space (but especially about the hip) was almost as bad as ever, the patient being so tortured that he could not sleep, neither could he endure the warmth of the bed to rest his weary limbs, and both patient and physician became despondent or doubtful of a cure resulting from any course of medication, and as a consequence, for two or three weeks all medicines were left off. At the end of this time the patient was seized with a violent chill, with severe rigors, followed in turn by a very high fever, which terminated with a copious perspiration. The ague or chill was so severe that I

was sent for, and getting to the case before the cold stage passed off, I waited until I witnessed the high raging fever set in. What particularly interested me and caused me to remain so long, was the fact, that as soon as the pyrexial stage was fully developed, the sciatic neuralgia completely disappeared. I thought, of course, that as soon as the fever subsided, the local pain would return, but I was agreeably surprised to learn that such was not the case. It is now over two months since the attack of ague, and he remains perfectly free from the pain; is again at his work and moving around in his hard seated, rough jolting wagon, notwithstanding all his former suffering. Now it will be at once said that the remedies employed to break up the ague, also routed the sciatica, but this opinion can hardly hold good from the fact, that the only medicine used to break up the ague was quinine, which had been given *usque ad nauseam* during the course of the sciatica.

It is certainly very strange that the disease should so long resist a rather heroic and persistent course of treatment, and then suddenly and permanently disappear during the first paroxysm of an intermittent fever. As before stated, he has not the slightest return of the pain, nor of the ague either, although it is now over two months since he was relieved, and notwithstanding the cold wet weather we have had for the past few weeks might naturally be supposed to favor a relapse.

1316 OLIVE STREET, Oct. 10, 1868.

TRISMUS NASCENTIUM,

SUCCESSFULLY TREATED BY THE LOCAL APPLICATION OF CHLOROFORM TO THE SPINE.

By T. L. PAPIN, M. D., of St. Louis, Mo.

On the 18th day of August, I delivered Mrs. O'B——, of a healthy, well-developed male child of full term. Both mother and child progressed as usual until the eighth day, when the child manifested symptoms of lock-jaw, for the relief of which I ordered the following: *Rj.* Chloroform m.xij, spt. eth. sulph. m.xv, bicarb. sodæ gr.xij, syr. zinziber, aqua flor. aurant., a. a. *℥iv.*

Misce. A teaspoonful as required to allay spasmodic action, and secure rest and quiet.

After the first dose the child slept three hours, and after the second dose about two hours, after which the resulting period of rest gradually diminished, until at the expiration of twenty-four hours, the chloroform by internal administration, seemed to have entirely lost its controlling and beneficial effect. I then determined to try the local application of chloroform to the spine, as recommended by Dr. Whitehill in a former number of the ARCHIVES.*

A small strip of soft cotton cloth was moistened with the chloroform and applied to the entire length of the spine, with the effect of promptly and completely arresting the spasms, and by renewing the application whenever there were indications of the return of a paroxysm, they were completely controlled and their recurrence prevented. Invariably upon the subsidence of the burning pain immediately incident to the application of the chloroform, the child would fall into a peaceful quiet sleep. The application was continued in this manner for three days, when I was compelled to discontinue it for a time and apply emollients, on account of the vesication produced. During the application of the emollients, a recurrence of the paroxysms was carefully guarded against by the cautious administration of chloroform by inhalation, and the bowels were moved by the use of a mild laxative. At the expiration of forty-eight hours I re-applied the chloroform to the spine, and alternating it with inhalation, and the emollient applications, when necessary, and occasional laxatives, continued the treatment for *fifteen days*, when I dismissed the case cured. The use of mild purgatives, at intervals of from two to three days, during the progress of the case, seemed to exert a decidedly favorable influence. Of course, attention was given to sustaining the child with nourishment.

A matter of very decided interest that I observed during the convalescence of the case, was, that the functions of the different sets of muscles, were restored, pretty much in the same order, as occurs in recovery from paralysis; first the feet and legs, then

* Feb., 1868, page 325, and August, 1868, page 341.

the spinal and intercostal muscles, next the face, then the arms, and last the fingers.

During a practice of twenty years in this city, I have seen a number of cases of this exceedingly distressing and fatal disease, and among them all, this is the first case of which I am able to record a recovery; and I should here remark, that at one period of this case, the convulsions were as strongly developed as I have ever met with among these little sufferers. Notwithstanding all efforts to sustain him, my little patient became rapidly emaciated, and by the time convalescence was established was frightfully so; but he has improved much in flesh since, and is now, (three weeks since his recovery, during which I have seen him twice,) as healthy and bright as need be.

Upon mentioning this case to Dr. Boisliniere a few days since, he informed me that he also had a case recover, some year or more ago, under the use of chloroform. He used it, however, principally by enema, repeated as often as convulsive symptoms manifested themselves.

821 LOCUST STREET, OCT. 3, 1868.

PAINLESS LABOR.

By J. C. WHITEHILL, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine, in the Humboldt Medical College, St. Louis, Mo.

The co-existence of pain with the act of parturition, has been so universally recognized, and the *dolores ad partum*, even from the very earliest generations of man, have been so intimately and inseparably associated with the *actus parturitionis*, that they are not only accepted as the most prominent symptom of the accession of labor, but have been made the basis of the division of labor into different stages, readily distinguishable by the character of the pains. Labor-pain, says Dr. Ramsbotham, is merely the external evidence of uterine action; and the two phrases are used synonymously, as well by all writers as teachers of obstetrical medicine. That the amount of pain, both as to severity and duration, experienced by different individuals during the process of parturition,

or by the same individuals during different labors, should vary much, is susceptible of rational explanation; but that an ordeal, ordinarily so terrible, should occasionally be gone through with, almost or entirely without suffering,—that the same individual should during one parturition suffer the most *terrible pangs of childbirth*, and during another, in all other respects normal, be almost or entirely without pain,—cannot but be looked upon as a most singular and interesting physiological phenomenon.

Very early in my professional life I was no little astonished at a case of this kind. Mrs. M——, a healthy, well-formed, well-developed, medium-sized woman, of German parentage, married, aged 18 years, whom I had been engaged to attend in her first confinement, sent for me in great haste. As her residence was but a short distance from my office, I saw her in a very few minutes after the receipt of her message. During the day, she had been having slight diarrhoea, and just before sending for me had a sudden “gush of water” from the genitals, followed by an immediate desire to evacuate her bowels, which, however, was not relieved by yielding to the inclination, and on this account she had sent for me. When I saw her, she had just returned from the “privy,” but without relief, “and felt that she must go again.” Upon suggesting to her that she was about to be “confined,” she said *that could not be, as she had no pain*; but on examination I found the head low down in the hollow of the sacrum, and in not to exceed twenty minutes, she was delivered of a fine healthy male child, weighing fully eight pounds. Prior to the distension of the external parts, she complained of nothing more than a sense of rectal fullness—a desire to evacuate the bowels—and the extrusion of the child through the external orifice caused very much less than the ordinary degree of pain. In fact, her entire suffering did not amount to that of one ordinary strong labor-pain; and but for my timely arrival, the child would unquestionably have been lost in the privy vault. Her convalescence was in every respect normal. I know nothing of any subsequent labors.

Several years later, I met with another, somewhat similar case. I had attended Mrs. ——, a small, but well-formed woman, aged

28, and of good muscular development, in her two previous labors, *both of which had been severe and prolonged*, and being apprehensive of a repetition of her former severe suffering, I had, at her solicitation, promised her that she should have chloroform during her approaching confinement. After spending a day and evening visiting among some intimate friends, she had retired feeling as well as usual, but quite fatigued, and during the night was suddenly awaked by the "escape of the waters." I was promptly summoned, and saw her a very few moments after the occurrence. In reply to an inquiry about the promised use of chloroform, she said I would not have time to administer it, which upon examination, proved to be correct. The head was already distending the perineum, and in a very few minutes, with a single severe, acute, protracted pain, she was delivered of a large boy. She assured me that the only *acute pain* she experienced (and it was terribly severe) was from the extreme distension of the external orifice during the passage of the child's head. Her previous sensations were more of unpleasant fullness, with desire to evacuate the bowels, than of actual pain, and her awaking from sleep she attributed to the *unpleasantness* resulting from the wetting, from the escape of the waters. Her convalescence was in every respect, normal.

On the morning of the 7th of July last, I was called to attend Mrs. L——, of this city, in her second confinement. On the morning of the 4th, "the waters" had escaped without premonition and without pain, nor had she since had any pain until the time of sending for me, when she had *slight* pain, and with it, the escape of a very small quantity of blood. Upon examination, I found the os uteri patulous but undilated, and so high up, and posterior, that it was with difficulty I could reach it with my finger. Late in the evening, I again saw her. She had, during the day, had no pain, but had experienced occasionally, "a slight bearing down sensation." Upon examination, I found the os, still high up—almost beyond reach—and looking direct to the hollow of the sacrum, the presenting portion of the child seemingly impinging upon and distending the uterus, several inches anterior to it. The absence of pain, and the position and direc-

tion of the os, and the previous escape of the waters, led me to anticipate a tedious labor, and I left her with directions to send for me during the night if my services were required. About half past ten I was summoned in great haste, and although less than four squares from my office, the child was born, and the secundines expelled, without assistance, before I could reach the house; and as a matter of interest in connection with the discussion of the subject of "footling presentations," as published in the proceedings of the St. Louis Medical Society, in the August number of this Journal, I would call attention to the fact that this was a footling presentation.

Shortly after leaving her in the evening she had several slight pains—an increase of the *uneasiness* she had previously experienced—but this she regarded as the result of the examination to which she had been subjected, and notwithstanding these gradually increased, it was not until seized with the pain—a prolonged and continuous one—which completed the labor, that she thought it worth while to send for me.

Upon expressing to her my surprise at the rapid termination of her labor, and explaining to her that both the peculiar position of the os uteri, (high up, and pointing to the hollow of the sacrum,) and the absence of pain after the escape of the waters, indicated a tedious labor, or at least a protraction of its first stage, she said that that was what the attending physician had said of her former labor, but that it had been quickly completed, but, unlike this, *without pain*. This, and other notable peculiarities which she incidentally mentioned, led me subsequently to make especial enquiry as to the particulars of her former labor, when she furnished me with the following statement in regard to it.

It was about twelve years ago, and her first pregnancy, since when she has been widowed and since re-married. She was then living in Cincinnati. While dressing for an evening buggy-ride with her husband, she was surprised, and so alarmed by a "sudden gush of water," entirely without pain or premonition, and to her, so unaccountable, that she thought best to forego the ride. She retired early, and rested as well as usual. In the morning, while

dressing for breakfast, she was again startled by a sudden flow of blood, and this also, without any pain. Upon mentioning the matter to the lady with whom she was boarding, the physician was immediately sent for, who saw and examined her about ten o'clock, and finding the labor seemingly well advanced, but no pains, ordered full doses of ergot. The only effect of the ergot was to produce nausea, nevertheless, in about two hours, and *entirely without pain*, she was delivered of a fine healthy female child. The expulsion of the child was attended with the escape of a small quantity of blood, which ceased immediately upon removal of the secundines, which was effected, and also without pain, by traction upon the cord. Being entirely free from pain, and feeling in every way as well as usual, she sat up the following morning, and dressed and cared for her child, during which there was again a "slight show" of blood, but at no time subsequently was there any lochial discharge. She was not sick; her system seemed to have suffered no shock; convalescence was quickly established, and without any inconvenience she got up and attended to her usual duties, as though nothing unusual had transpired. She assured me, that *during the entire process of labor, she did not suffer the slightest pain*, and that the only sensation experienced during the distension of the perineum and expulsion of the child through the external parts, was that of "numbness" or "deadness." There seems to have been a complete arrest of sensation—a perfect natural anæsthesia—without involving the reflex or motor nerves, or at all complicating the intellectual powers; she had perfect consciousness of all that was transpiring, but without sensation.

Painless labors have occurred in females suffering from paraplegia.

Dr. Thomas Hawkes Tanner, in his *Signs and Diseases of Pregnancy*, records, from the *Cyclopædia of Anatomy and Physiology* (London, 1859), the following case, recorded by Dr. Farré:

"A woman was attacked with paraplegia in the eighth month of pregnancy. She had neither sensation nor motion in any part below the umbilicus. No reflex movements whatever could be produced by tickling the soles of the feet. The fæces passed

involuntarily, and the urine was drawn off daily. About the ninth month, her medical attendant, when about to pass the catheter, found a full-grown foetus in the bed (dead). The uterus was contracted, and the placenta in the vagina. The woman was entirely ignorant of what had occurred. Scanzoni and Chaussier relate similar examples of birth taking place notwithstanding complete paralysis of the sensitive and motor functions of the lower half of the body. In Chaussier's case, the pressure was occasioned by a hydatid cyst, which involved the cord, on a level with the first dorsal vertebra."

Labor has transpired without pain, during stupefaction by narcotics, as in the celebrated case of the Countess of St. Geran; and also while under the influence of intoxicating liquors, as in the case recorded by M. Deneux, in the *Dictionnaire des Sciences Médicales*. Similar cases have occurred during coma from disease or other causes, as in the remarkable case of Mrs. Durant, (Durant's *Memoirs of an Only Son*,) who, when six months advanced in pregnancy, from the effects of a fright—seeing her only son, when about eighteen months old, in a dangerous situation—was rendered perfectly insensible, in which condition she remained three days, during which time she was delivered of a child. Her mental powers were perfectly restored, "nor was her memory affected, except as regarding the preceding six months; of that time she had forgotten *all* the results; * * * * *nor could she, I believe, to the hour of her death, remember that she had then been pregnant.*" Taylor, also, in his *Medical Jurisprudence*, mentions a case described by Mr. King: the tenth labor of a woman, aged thirty-six, the mother of nine children; "when summoned, she was lying calmly and placidly in bed, and was perfectly insensible. He found that the child had been expelled with the placenta. The woman did not recover her sensibility for ten or twelve hours, and then stated that she had no recollection of the birth of the child, or of any circumstances connected with that event. She suffered no pain or uneasiness." Painless labors are likewise common in induced anæsthesia in obstetrical practice; but in these, as in the cases above mentioned, there is also *want of consciousness*.

Deliveries have also been effected, without the consciousness of the mother, during profound sleep.

Dr. Wendell Case, of Chicago, reported in the January (1868) No. of the *American Journal of the Medical Sciences*, a notice of which is given in the July number of this Journal, the case of a primipara, who had the head of her child wholly expelled during profound sleep. "In a moment the body was delivered, and in less than twenty minutes the secundines had passed off, and the uterus contracted with scarcely any pain. She had dreamed something was the matter with her, and awoke with a fright, probably the instant the head was expelled." He says she has twice since been confined, with the usual amount of labor-pains.

Dr. Montgomery, in his Exposition of the Signs and Symptoms of Pregnancy, records the following case as having occurred under his own observation: "In March, 1843, I attended a lady between nineteen and twenty years of age, in her first confinement; her pains, which had lasted altogether about six hours, were, all through, sharp and trying; as the labor drew toward its close, she suffered less distress, and slept soundly, at intervals, between the expulsive efforts, as is very usual at such time; but about five minutes before the birth of the child, she fell into a deep sleep, and did not awaken until after I had divided the funis, and the child was in the nurse's lap, at the other end of the room. I was standing by her all the time, and therefore can state with certainty, that she took no anodyne, or anæsthetic of any kind."

Dr. M. also, in the same work, records a case which occurred in the practice of Dr. Douglas, of Dublin, in 1828. A Mrs. D—— was "awakened from a natural sleep by the alarm of a daughter, about five years old, who had slept with her for some nights before; and this alarm had been occasioned by the little girl feeling the movements and hearing the crying of an infant in the bed; to the mother's great surprise, she had brought forth her child without any consciousness of the fact."

He also records the following case, from the fifth edition of the London Practice of Midwifery, and also reported in Barlow's Essays on Surgery and Midwifery: "A lady of great respecta-

bility, the wife of a peer of the realm, was actually delivered once in her sleep; she immediately awaked her husband, being a little alarmed at finding one more in bed than there was before."

Dr. Schultze (Ann. d'Hyg., 1845), met with a case, in which, during a profound sleep, which lasted three days, a lady was delivered of a child, and on awaking, had no recollection of having suffered any pain during delivery."

In the Cyclopædia of Practical Medicine, Dr. Montgomery relates the case of a lady, the mother of several children, who, during sleep, was unconsciously delivered of a child; and a similar case is recorded in the British and Foreign Medical Review.

Mr. King, in the Medical Times of May 15, 1847, mentions a case in which sensation appeared to be entirely paralyzed during labor.

Dr. Montgomery, in the Dublin Medical Journal, May, 1849, and also in his work on Pregnancy, mentions the case of a patient of his own, who *bore eight children without ever having labor-pain*; and her deliveries, he says, were so sudden, and void of sensible effort, that in more than one instance they took place under most awkward circumstances, but without suffering. Now, he adds, had the parturient disposition come on during the lady's sleep, it seems quite credible that her child might have been born without her being conscious of it at the moment.

In Cormack's Journal (January, 1846,) Dr. Wharrie records the case of a woman aged twenty-one, primipara, who, after a labor of about six hours, during which she complained of no pain, gave birth, without effort or consciousness, to a healthy child weighing rather more than four pounds.

This case, Dr. Montgomery also mentions in his work on Pregnancy, already referred to, but notwithstanding this, and other recorded cases, as well as the cases which he had himself seen, this eminent practitioner, observer and compiler, seems to doubt the possibility of painless or unconscious labor, in primiparæ at least. Such a contingency, he remarks, referring to cases of this character (unconscious labor), could only happen to women who have previously borne children; and except under very peculiar circumstances, we could hardly credit such an occurrence in

a first delivery." And again, as if in immediate reference to the case of Dr. Wharrie, "notwithstanding such rare exceptional cases, I must say with Dr. A. Taylor, 'that it is in the highest degree improbable that any *primiparous* female should be delivered during *ordinary sleep*, without being roused and brought to a sense of her condition.'"

Now, considering that the case of Mrs. L—— occurred during perfect wakefulness, while in the full vigor of health, and in the full enjoyment of her intellectual faculties;—that, as she assured me, she was perfectly conscious of everything that transpired, and that *she did not experience the slightest pain during the entire process*, and that the sensation produced by the extrusion of the child through the external parts was that of "numbness"—much that, as she described it, of "being asleep,"—it certainly seems quite probable that had the "parturient disposition" come on during sleep, the child would have been born without her being conscious of it.

Considering, therefore, that she was a *primipara*, the *entire absence of pain*, her rapid convalescence—up, and attending to her usual duties the next day—and the entire absence of subsequent lochial discharge, I cannot but consider it a more remarkable case, and one presenting points of greater interest, both physiological and medico-legal, than any yet recorded.

As the presence or absence of the "lochia" is at times considered a matter of vital medico-legal importance, I will here state that a case occurred to me, some years since, in which the lochia ceased almost immediately after delivery, and did not again recur. The case, a *primipara*, made in every respect a normal recovery.

Not at all bearing on the subject under consideration—painless labor—but illustrative of the extent to which uterine contractions are independent of the general or systemic nervous system, it may not be amiss to state that we have the recorded testimony of Fodéré, Buffon, Leroux, Levret, Baudelocque, Bichat, and others of equally high authority, of instances of delivery after the life of the mother was extinct, and consequently by the independent contractile power of the uterus.

In explanation of painless or unconscious labor, Denman says:

“We may suppose the parts through which the child must pass, so perfectly disposed to dilate, that they would make little or no resistance to the excluding force, and then a woman would be delivered with little or no pain. This observation will not only discover the reason of the great advantage obtained by a labor being slow and lingering, and why some women are delivered comparatively without pain; but with this perfect disposition to dilate, if the patient should be asleep when the action of the uterus came on, of the possibility of her being delivered before she was quite awake.”

While this supposition may explain the *modus operandi* of the labor itself, it certainly offers no explanation of the interesting physiological phenomenon, why, in a very few isolated cases, this most unusual and extraordinary state of things should exist, while in the vast majority of cases—almost universally—from the earliest ages of man, the suffering should be so great as to justify its being figuratively used to express the greatest torture humanity may be called upon to endure.

Since writing the above, my friend Dr. M. M. Pallen has kindly furnished me the following cases which occurred in his practice in this city:

“A lady was standing at a parlor window, when she felt a pressure on the perineum, and had barely time to lie down on the floor, before the complete delivery of the child, which was at maturity. I was sent for in haste, and delivered the placenta, which was detached, and in the vagina. She suffered no pain whatever, and she and the infant did well.

“A lady was sitting at night before the fire in her chamber. She felt as if she had a desire to go to stool. Getting up, the membrane ruptured, and the child was instantaneously delivered, giving her just time to lie down on the floor. I was sent for, and, as in the former case, had nothing to do but remove the placenta, which was in the vagina. She was at full term; there was no pain attending the contraction of the uterus, she made a happy recovery, and the infant did well.”

Dr. E. A. Clark, of the City Hospital, informs me that when a student of medicine he witnessed the following case of *painless abortion*:

He was attending a dancing party. During one of the “cotillions,” a young lady—a primipara of course—who formed one of the “set,” was delivered of a child of about four months, which falling upon the floor, was quickly covered with some article of clothing and carried from the room by one of the ladies present. The young lady continued the dance to the end of the “set,” seemingly, at least, unconscious of what had transpired. For a short time, it was not known by others present, whose the “mishap” was. J. C. W.

GYNECOLOGY.

ITS IMPROVEMENT AND PRESENT CONDITION.

By M. M. Pallen, M. D., Professor of Obstetrics and Diseases of Females in the St. Louis Medical College.

I propose in this and in the following numbers of the ARCHIVES, to exhibit the vast improvements which have been made in gynecology within a few years past, in both diagnosis and treatment; improvements which are due to improved means of diagnosis. Other branches of medical and surgical science have made like progress from like causes; ophthalmology has been advanced wonderfully by the invention of the ophthalmoscope, by Helmholtz, so that in comparison to what it was fifty years ago, it may be called a new science. Most important changes for the better have been made in the treatment of throat diseases, by the invention of the laryngoscope. He who proposes to treat uterine diseases, or diseases of the eye, or of the throat, and who does not render himself familiar with the means which science has placed in his hands for such purposes, does not do himself or his patients justice.

Nevertheless, I regret to say, there are respectable medical gentlemen, who express no admiration for the ophthalmoscope and laryngoscope, and who rather deride them; and there are many who not only deride the improved methods of diagnosis in uterine affections, but assail, and with no little bitterness, those who are earnest in the relief of such sufferings. I propose, therefore, to show, first, that such opposition is by no means new, even from the most distinguished men; secondly, in what the improvements consist; thirdly, the present condition of gynecology, and if circumstances permit, extend my observations a little further.

Some thirty-odd years ago, (not having the review near me I cannot state the exact date,) a writer in England, whose name was Jones, proposed the use of the speculum as a means of diag-

nosis. The Medico-chirurgical Review, then edited by Dr. Johnson, who wrote the work on Tropical Climates, attacked the book with severity, and considerable wit; it assumed that very few English women would submit to any such exposures, and condemned the thing *in toto*. Nevertheless the speculum was gradually introduced into practice by various medical men in Great Britain and Ireland.

In the year 1845 Dr. J. Henry Bennett published his work on Inflammation of the Uterus, and this work and his practice met with a vast opposition in England.

On the 28th of May, 1850, the then celebrated Dr. Robert Lee read a paper before the Royal Medical and Chirurgical Society of London, "On the Use of the Speculum in the Diagnosis and Treatment of Uterine Diseases." This paper called forth a publication in its support, in the London Lancet, from Dr. Marshall Hall, sufficiently indicative of the bitterness of the London practitioners towards each other at that time. Dr. Hall, great a man as he was, descended to the most ridiculous arguments. He averred "that the female who has been subjected to such treatment (the introduction of the speculum) is not the same person in delicacy and purity she was before." He charged, "the most revolting attachment, on the part of such patients, to the practice and practitioners." In the discussion which ensued upon the reading of Dr. Lee's paper, the most curious and irrelevant arguments, or rather statements, were made. Dr. Ashwell, who supported Dr. Lee, contradicted the opinions which he had previously promulgated, in his well known and excellent work, on the Diseases of Women. Dr. Tyler Smith, also an adherent of Dr. Lee's, made statements, which are at variance with opinions which he has since expressed.

One who is now familiar with uterine pathology, would be amused with the earnest acrimony and decided unfairness with which Dr. Bennett and his views were assailed. It is true that their statements were promptly met and answered by Dr. Locock, Physician-Accoucheur to the Queen, by Dr. Murphy, then Professor of Obstetrics in the University College, London, and by Mr. Acton. It must be admitted that there was some truth in

the statements of Dr. Lee; but he did not know in what the truth consisted. Dr. Bennett ascribed too much to the ulceration or abrasion of the neck of the womb, and his practice based thereon is entirely insufficient. Yet many now pursue the same beaten track, and assail those who have gone beyond it, in the same manner and in the same spirit as Dr. Bennett was then assailed; and strange to say, that Dr. Bennett himself, after having retired for several years from the active duties of professional life on account of ill health, reappears in medical societies and joins in the assaults on the eminent men, who are as far ahead of him as he was of Dr. Lee in those days. He ought to have recollected the fierce epithets hurled at him by Dr. Marshall Hall and Dr. Tyler Smith, at the time when his views were first propagated. Because he was not at all aware of the whole truth which an improved diagnosis has since revealed, he ought to have rejoiced that the path which he was among the first to point out, has led to developments so important in their therapeutical points. It is sincerely to be regretted that one who has really contributed so much to obstetrical science as Dr. Robert Lee has done, should have been so carried away by his private feelings in his scientific controversies as to forfeit the esteem of his professional brethren. In a subsequent disagreement with Dr. James Y. Simpson, on the proposition of the latter to deliver the placenta before the delivery of the child, in cases of placenta previa, he assailed him over his own name, and anonymously, adopting the *nom de plume* of Isaac Irons, (*vide* Lancet and Medical Gazette). He ridiculed everything that the distinguished Edinburgh professor advanced. But the reason was apparent enough. Both were competitors for the Chair of Obstetrics in the University of Edinburgh, and the choice fell on Dr. Simpson. Dr. Lee then became involved in a quarrel with Dr. Snow Beck; the former asserting that he could demonstrate the enlargement of the uterine nerves in cases of pregnancy. Failing to establish the truth of his assertion, which the latter denied, and his violence being remembered and his merits forgotten, his influence faded away, he fell into neglect, "and the honors conferred upon him by one of the highest soci-

eties in Great Britain* were formally and ignominiously cancelled.”—(Storer.)

When Dr. Lee read his paper in the Royal Medical and Surgical Society of London, in May, 1850, he was in the zenith of his glory. The hall was crowded, upwards of three hundred persons were present; he was cheered on all sides. The use of the speculum was unpopular—diagnosis was to be arrived at by questioning, cross-questioning and the touch; topical applications were rarely to be used; constitutional treatment was the remedy; the names of such men as Lee, Marshall Hall, and Ashwell added much to such opinions. It is true there were others equally illustrious on the other side; nevertheless, such an opposition threw a great obstacle in the way of progress.

Here in America I was on the progressive side. I felt then as I feel now, that much was to be learned, and every additional means of improved diagnosis I eagerly embraced. I felt then, as I do now, *that the speculum was to be used and not to be abused*. I fear that many a man writes a prescription or gives a globule when no medication is required, but that does not prove that active medication is not sometimes necessary.

The paper of Dr. Lee, as well as the paper of Dr. Hall, was republished in this country, and in St. Louis a medical journal, edited by an esteemed gentleman now deceased, opened its batteries against the use of the speculum in uterine diseases. I felt called on to defend the positions I had taken in my lectures, and the practice I had adopted in public charities and in private life. I therefore published, in the January number of the St. Louis Medical and Surgical Journal for the year 1851, an article “On the Use of the Speculum in the Treatment of Uterine Diseases,” in which I reviewed and pointed out the fallacies of Drs. Lee, Hall and Ashwell, but did so in a respectful manner. A writer, who was a Professor in one of the two rival schools in Louisville, attacked my paper with a pen cut with the knife of malignancy, and steeped in the stand of gall. He declared that he knew the faculty of St. Louis too well, not to know that they would condemn the views I advanced. I will merely state, *en*

* The Royal Society of London.

passant, the views I expressed were, that the speculum was to be used sometimes as a means of diagnosis, and topical application was to be made in certain affections of the womb. I was told, however, that the attack, although made on my paper, was also indirectly intended for a distinguished gentleman in the other school in Louisville, occupying the Chair of Obstetrics, and who had similar views to my own. On the other side, I trust I may state without being charged with any vanity, that, as Chairman of the Committee to report on the Medical Literature of the United States, to the Medical Association to assemble that year in Charleston, S. C., the learned Dr. D. Humphreys Storer did me more than justice.

Had I time, I should extend this paper to show that uterine pathology, uterine surgery, and uterine therapeutics, as expounded by Sir James Y. Simpson, Dr. Sims, and various others, suffer no more from opposition, than did the introduction of the speculum itself into practice.

That I by no means follow these authorities implicitly, I will also show in a future number. But when I differ with them, I will do so respectfully, giving my reasons for such differences. It is not to be presumed that all men will agree on medical and surgical subjects, but let us all adhere to the determination that everything for the advancement of science, nothing for feeling or partizanship.

821 PINE STREET.

CASE OF DEATH FROM THE ADMINISTRATION OF CHLOROFORM.

By E. A. CLARK, M. D., Resident Physician St. Louis City Hospital.

It is my unpleasant duty to report an addition of one more, to the list of fatal results from the administration of chloroform; and though it is the first serious result that has occurred from the use of this anæsthetic in my hands, in an experience of several years of hospital practice, yet it is none the less to be regretted:

Charles Smith, a native of Ireland, aged 31 years, was admit-

ted to hospital on the 10th of October, affected with hæmorrhoids and prolapsus of the rectum, which had become strangulated external to the sphincter ani. On the following day—Sunday—after a careful examination of the patient, aided by my assistant, Dr. John Bryson, the prolapsed rectum and hæmorrhoidal tumors having become so swollen, tense and painful that he could not tolerate their being handled, I determined to effect their return by placing him under the influence of chloroform. He was apparently in the full vigor of health. The heart and lungs were examined and found in a normal condition. The administration of the chloroform was commenced by pouring about a drachm upon a napkin, folded in such manner as to admit the admixture with it of a sufficient quantity of air.

After the inhalation had been continued for about two minutes—the pulse and respiration being quite natural, and partial insensibility induced—I commenced to manipulate the tumor, but finding that it still gave him great pain, I directed Dr. Bryson to continue the chloroform, which he did by pouring about one drachm more upon the napkin. Very soon after, the patient began to be affected with the usual spasm, which, however, was not more than ordinarily severe or protracted.

At this moment, while the patient was still struggling, Prof. Robinson, of the Missouri Medical College, entered the room, and assisted Dr. Bryson in administering the chloroform.

In about thirty seconds the muscles began to relax, and the chloroform was discontinued. The pulse was as full and frequent as is usual in a state of complete anæsthesia, and the breathing was quite normal, except slightly stertorous. I observed that his face was more livid than usual, but the favorable condition of his pulse and respiration decided me to proceed with the operation. The patient was turned upon his right side in order to place him in the most favorable position for manipulating the tumor, but in about one minute from the time the chloroform was withdrawn, it was observed that he had ceased breathing, and that the pulse, both at the wrist and carotids, was imperceptible, while the superficial vessels were full and distended, and the face of a dark livid color. He was immediately placed upon his back,

the head lowered, and cold water dashed upon the face and chest, with the effect of causing three or four long full inspirations, without, however, affecting the circulation in the least. We then commenced a vigorous artificial respiration, at the same time withdrawing the tongue from the mouth and elevating the epiglottis with the finger.

This was continued without any relaxation for an hour and forty minutes, but without in the least reviving the action of the heart, which, I am confident, never beat again from the moment that natural respiration ceased; he was dead from that instant.

The *post-mortem*, made eighteen hours after death, revealed a considerable serous exudation beneath the arachnoid, which was doubtless the result of the venous congestion of the brain which was found to exist; the ventricles were empty, and in every way normal, except a congested condition of the choroid plexus; the heart was found to be entirely empty, containing scarcely a drop of blood, while all the valves, as well as the walls of the heart, were in a perfectly healthy condition. The lungs were likewise healthy, presenting, however, some hypostatic congestion on their posterior surface.

From the above detail of facts, the immediate cause of death in this case would seem indeed obscure, though probably not more so than in others not attributable to organic lesions. From, however, the empty condition of the heart, it would be most reasonable to suppose that death was the result of a sudden spasmodic contraction of the heart, which continued until life was extinct, this probably being the effect of the anæsthetic upon the ganglionic nervous system. At all events we can hardly suppose it to have been the result of syncope, as is generally thought to be the rationale of most cases of death occurring from the administration of chloroform. This seems to be apparent in the present case, from the congested condition of the blood vessels of the brain, as well as from the fact that we failed to resuscitate him by lowering the head beneath the level of the body, a method so generally successful, where a condition of syncope is supposed to exist, in cases threatening death.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives
by G. HURT, M. D., Librarian and Acting Secretary.

ENCEPHALOMA OF KIDNEY.

Dr. Hammer presented a specimen of this rare form of disease and stated the case connected therewith. He had been called in consultation to a male child, three years of age, who had been sick about six weeks with fever, diarrhoea and suspected pneumonia; he found the patient emaciated and feeble, and with a tumor within the abdominal cavity, extending from the left hypochondriac region to the symphysis pubis, and a second connected with the other, occupying the umbilical region; he suspected an enlarged and double-lobed spleen. After prescribing for the case, he saw nothing more of it for several weeks, when he learned of its death. It was with great difficulty he succeeded in procuring a post mortem examination, which was made by Dr. Steele, with the following result:

The spleen and other organs, as far as examined, were found normal, excepting the kidneys, both of which were much enlarged, —the left especially so,—and lobulated, and the right also rough on its surface,—nodulated. He presented them to the Society; the left weighed twenty-two ounces, the right, six ounces. A section of the left showed it to be entirely homogeneous—medullary, brain-like; the right contained, scattered throughout its cortical portion, numerous centres or foci, varying in size from a pea to a walnut, of the same encephaloid deposit.

Children, he stated, were generally exempt from cancer; but when attacked, the kidney was the most frequent seat, and the soft the most frequent variety.

This being the first case he had seen in the living subject, was

a reason for his failing to recognise it. The youth of the patient, and the large size of the tumor, rendered it worthy of note.

[In the pelvis of the right kidney were found several uric acid calculi.]

CONSTITUTIONAL SYPHILIS.

Dr. Hammer reported a favorable result from the hypodermic use of the bi-chloride of mercury in constitutional syphilis. This treatment had recently been highly recommended, and a large number of cures reported. For the hypodermic treatment two great advantages were claimed: the rapidity of cure, and the little liability to the "constitutional effects" of the drug. Experience has shown that the least amount of local irritation follows the use of the remedy when injected beneath the thick dermoid tissue over the loins. The amount used was one-eighth of a grain daily, to one injection, in twenty minims of water. The case selected by Dr. H. for the trial of this treatment, was one of long standing and with the most severe constitutional lesions that were then in the hospital. The man had been so long under treatment by different physicians that he had almost or entirely despaired of being cured. Sixteen injections had now been made, and the man may be said to be well. The cutaneous eruption has almost entirely disappeared, and all his other symptoms are relieved.

Dr. Clark thought Dr. H. had been too hasty in reporting the case as one of cure from the hypodermic treatment. The man had been under treatment before Dr. H. commenced the hypodermic method, and he thought the improvement had been as marked before it had been commenced as it was since, and he himself could not yet pronounce the case cured. He thought the treatment required a more thorough test before being pronounced upon.

[Reported by R. S. ANDERSON, M. D., Recording Secretary *pro tem.*]

DELIRIUM TREMENS.

Dr. Whitehill reported a case of delirium tremens which he thought presented several points of practical and therapeutical interest. The condition of the patient's family rendered it imperative that the disease should be controlled as promptly as possible.

The bromide of potassium was ordered in drachm doses, with spr. ammon. aromat. \mathfrak{z} ss, to be repeated every two hours until the malady was arrested. The patient took *two ounces* of the salt in *forty-eight* hours, and in addition six grains of morphine with the first ounce (three grains, by mistake of the attendant, with the first three doses), and a half ounce of fluid extract of hop with the second ounce, without any appreciable arrest of the malady, which finally yielded to the internal administration of large doses of chloroform and morphia—a drachm of chloroform and a grain of morphia in mucilage—after two doses of which, the patient slept for *seventy-two hours*, barely waking up to take nourishment and attend to the calls of nature, and then got up feeling better than he had done for some months.

ARTIFICIAL ANUS.

Dr. Clark reported the following case, which came under his care as Resident Physician at the City Hospital.

In June of this year, a German, aged 48, was admitted into the institution, having an artificial anus in the right groin. He had been operated upon in 1848 for strangulated hernia, and the operation resulted in the formation of an artificial anus, with the hernia protruding through the abdominal wall and presenting an opening sufficiently large to admit the end of the finger. This continued until 1864, when an effort was made by Dr. Hammer to close the opening, by cauterizing the edges of the fistula and drawing them together, by the continued suture, after the manner of the draw-string of a bag. This operation was twice attempted, and failed in both instances, the size of the opening being, however, somewhat diminished. When admitted, the opening was of sufficient size to admit the little finger, the hernia still protruding, and faecal matter constantly escaping. An effort was made to close the opening by paring its edges and uniting them by the interrupted suture. In 48 hours, however, the sutures cut out and left the opening somewhat larger than before. Three days afterwards the operation was again attempted, by paring the edges, extending the dissection through the surrounding margin of skin, and uniting the walls of the cut surface by means of the quill suture. This prevented the escape of faeces

for the next 48 hours, by which time the sutures again cut out. On the 15th of August, Dr. C., with Dr. Hodgen, in order to explore more fully the condition of the orifice, laid open the sac of the hernia by a free incision, an inch and a half in length. The opening into the intestine was found to be about the size of the middle finger, the upper or proximal half of its edges being adherent to, and continuous with, the abdominal walls, while the lower half was free and unconnected. An effort was now made to close the opening in the bowel, by dissecting back that portion of its margin adherent to the abdominal wall to the extent of an inch, and then paring the edges of the opening in the bowel and uniting them by the ordinary glover's suture. This being accomplished, the bowel was returned to the abdominal cavity, and a truss applied to the external opening, with instructions to the patient to lie constantly on his back. Up to the third day, the operation bid fair to be successful; nothing untoward had occurred, and no faecal matter had escaped from the opening. At this time, however, contrary to orders, the patient got out of bed, removed the truss, and walked about the room, allowing the hernia again to protrude; and the distention of the bowel from the accumulation of faecal matter again caused the cutting out of the sutures. These were re-inserted as before, and the hernia with great difficulty returned to the abdomen; but the edges of the hernial opening had, by this time, become so friable, that the sutures again cut out on the second day, and faecal matter re-escaped externally, the opening in the intestine being held in apposition to the abdominal opening. From the time that the patient got out of bed as described, he exhibited symptoms of peritonitis, not however of an alarming nature, but these continued to increase and he died on the 30th of August. The post-mortem revealed considerable peritonitis, involving both intestine and omentum, and extending as far as the parietal peritoneum.

STONE IN THE BLADDER.

Dr. Prewitt exhibited to the Society the urinary apparatus of a man who had died of stone in the bladder. The patient, a German of about 45 years of age, had been first seen by him

about five or six weeks previous to his death. He had found him feeble, greatly emaciated, and suffering from phimosis, which was congenital. The preputial orifice was so small as only to admit readily a large sized knitting needle. Within the preputial sac was lodged a small calculus. The urine was intensely alkaline, very turbid, loaded with mucus, and deposited abundant crystals of the triple phosphates. Under the microscope, also, numerous blood corpuscles were visible,

The Dr. was convinced from the symptoms that stone in the bladder existed also, but it was impossible to determine this until the patient was first relieved of the phimosis. The operation for this, in which it was necessary to administer chloroform, had exhausted the patient considerably, and no attempt was made to sound for stone until the incisions had about healed; the patient in the mean time having been placed upon the mineral acids, opiates, good diet, &c., with the hope of improving his general condition.

On introducing a sound, it was so firmly grasped by the irritable and hypertrophied bladder, that no movement of it was possible. The presence of the stone could not therefore be demonstrated by the characteristic "click." A finger was introduced into the rectum; the curve of the sound could be traced, and beyond it, the bladder projecting as a considerable tumor, but whether formed by the hypertrophied walls of the bladder, or containing a stone, was not determined. As the manipulation greatly exhausted the patient, it was not persisted in, and was not again repeated. An uncontrollable diarrhoea had set in, which, with the suffering, exhausted the patient, and he died on the 27th of September.

At the post mortem, 20 hours after death, he had removed the kidneys, ureters, bladder and penis. The bladder was found to contain about two ounces of highly offensive alkaline urine, and a calculus about the size of a partridge's egg (exhibited to the Society), consisting principally of the phosphates, with a nucleus of uric acid. The ureters were dilated, and the right kidney had two complete ureters. The right kidney itself was twice the size of the left, and greatly altered in structure, being soft and friable. The same change of structure had begun also in the left.

The case he regarded important, as illustrating the chain of evils that may follow upon a neglected phimosis, or any other obstruction to the free flow of urine. The difficulty in micturition had been followed by irritability of the genito-urinary organs, and this by organic change, (cystitis) alkaline urine, dilatation of the ureters, involvement of the kidneys, formation of calculus, progressive emaciation, hectic exhaustion, and death.

The patient, on enquiry, had stated that the calculus in the preputial sac had been lodged there about a week. This, Dr. P. believed, was a mistake. As this calculus consisted of urates, he thought it was formed at a comparatively early period, during the same period indeed that the nucleus of the vesical calculus had been formed; that is, before the urine became alkaline.

Had the phimosis been relieved in childhood, the patient would probably have never had stone. Other physicians had seen the case, but seemingly had never suspected stone, and no attempt had been made to relieve the phimosis.

BRAIN MATTER AND MIND ACTION.

Dr. Steele read an interesting paper on this subject, controverting the theory that organic lesions, even attended with loss of brain substance, were not necessarily followed with functional—mental and intellectual—derangement.—[See page 513 of this journal.]

Dr. Maughs fully concurred in, and endorsed the views expressed by Dr. Steele in his very excellent paper. Brain lesions, he thought, were necessarily followed by impairment of the intellectual faculties,—by mental lesion,—but it was quite possible that the mental lesion might be of such character as to be, for the time at least, quite unappreciable, although ultimately, sooner or later, if life were spared, functional lesion would, in some manner, be manifested. There was no doubt, he thought, that in all the cases of so-called perfect recovery after severe injury and loss of brain substance, the observation of the mental condition of the patient, had been either not sufficiently prolonged or accurate. That the brain, like other organs of the animal economy, was duplex both in structure and function, and that each hemisphere, as in other duplicate organs, was

capable of functional activity, to some extent at least, independent of the other; and that in case of arrest of function of the one from disease or otherwise, the other might be capable of performing an increased or compensatory amount of functional duty. It was possible that to this duplex functional character of the brain—its capacity for a separate or individual functional activity of its hemispheres or lobes—that we are indebted for our capability of reasoning. It is possible that different impressions may be made upon the different hemispheres, by the same object, and that the process of reasoning may consist in analyzing and comparing these impressions; or, an impression may be received in one portion of the brain and transferred or transmitted to another portion for judgment and approval. It was also possible that one hemisphere, or portion of the brain, might be so pre-occupied as not to receive an impression made upon the other, and might subsequently receive a similar impression from the same object. In support of these views, he adduced several interesting, amusing and instructive incidents, seemingly inexplicable upon any other hypothesis.

The brain, he said, was the organ, through, and by which the spiritual or intellectual man manifested itself, connecting the microcosm—man—with the macrocosm—not-the-man, but his surroundings. But, it was not only the medium of this connection; its function (mind) was the thing connected, and its activities consisted in apprehending itself and its relations with the external world, and so long as its apprehensions of the not-its-self, continued unimpaired, a lesion might escape detection.

The whole *nisus* of the vegetable kingdom was toward nutrition—the growth of the individual, or, this modified, the reproduction of the species; the *nisus* of the animal kingdom was toward the production of thought, and here every advance in organization is not in increase of size, or the multiplication of the individual,—reproduction,—but in the development of nerve-matter; and this development through differentiation of nerve tissue, through the entire scale of animal existence is exact and in continuous ratio, from the cephalopod to man; and in every instance this advance is in exact correspondence with the psy-

chological wants of the animal, so that by dissections we might, *a priori*, determine the mental capacity of the animal, or, having determined the psychological manifestation, we may without dissection determine the cerebral development.

If the brain lesion is of such extent or character as to cause an appreciable alteration of its activities, the mental aberrations are apparent; if not, if the injury be of such a nature as to produce no appreciable alteration of function, the individual remains sane, or is so considered; but there were, he said, individuals at large in society, and considered capable of attending to their duties in life, who were, in fact, as insane, if not more so, than others who had been inmates of lunatic asylums for years, the difference being not so much in the degree, as in the quality of their insanity.

The brain, he said, was subject to the same physiological laws as other organs of the body. The lungs, liver, kidneys, &c., may each suffer considerable organic lesion, and for a time at least, or until developed by concurrent circumstances, may manifest no appreciable functional disturbance. There was, in this relation of organic and functional lesions, something not to be measured by quantity alone, quality is also to be considered.

These remarks, he said, were made purely in their scientific bearing and have nothing to do with our religious opinions, be they what they may.

Drs. Watters, Johnston and Hammer, discussed at some length the relations of mind and matter, but all practically indorsed the deductions of Dr. Steele's paper.

DEATH FROM CHLOROFORM.

Dr. Clark reported a case of death during the administration of chloroform. [For details see page 540.]

Dr. Maughs suggested the hypothesis that death might have occurred from the absorption or permeation of the chloroform directly through the tissues, entering the bloodvessels, and thence carried to the heart, and by occupying its cavity and producing a state analogous to the entrance of the air into the ventricles, death would be produced by precluding the admission of blood; or, by permeating the tissues, it may have occupied the air vesicles

of the lung to the exclusion of the atmosphere,—death resulting from apnoea—the facts of the case forbidding the conclusion that it was from excessive anæsthesia.

Dr. Hodgen said, that in regard to the law of endosmosis, in order for a gas or fluid to pass through a membrane, it was necessary that there should be on the other side of the membrane a fluid or gas capable of being assimilated with it. These agents, in their passage, dissolve in the membrane, become, as it were, a part of it. If there were in the heart a gas or liquid capable of mixing with the chloroform, then the hypothesis of Dr. Maughs might have been true. Had this happened, however, bubbles of chloroform would have been found in the heart, covered by a film of blood. He believed another view to be more correct. The various tissues, in health, are designed to perform particular functions, which are determined by the organization of each tissue. Chloroform acts upon the nervous system, destroying its healthy function. Its action on the peripheral termination of sensory nerves is demonstrated in every operation; the absence of pain indicates the loss of function. When this is continued further, the ganglionic centres become involved and finally death ensues from the nervous disturbance. The only case of death from chloroform which he had seen, appeared to result from this cause.

Dr. Watters held this proposition to be an axiom: That all vital and chemical phenomena—every property of matter—depend on certain conditions. If these be removed, even oxygen and hydrogen would not exist, in the proper sense of the word. When the conditions of life are co-ordinated and properly related, healthy phenomena are produced. Why do severe injuries get well, and slight ones kill? From conditions external to the injury. His rationale was that life depends on a certain relation between oxygen, temperature, organism and nutriment. When these are together in proper proportion there can be no danger in administering chloroform. Danger arises not only from diseases of the heart, lungs, &c., these are but results; but the condition of the system which gives rise to these pathological conditions is the offending cause. In health, the oxygen taken into

the blood in the lungs in each pulsation corresponds to the nutriment absorbed by the villi of the intestines. What the blood receives in the lungs; it carries to the tissues as a destructive agent. In the same current with destruction is the balm of healing—the nutriment from the intestines—and in this destruction and healing consists vital action. In patients who may be apparently healthy, but in whom this balance is disturbed, as for instance when on the verge of serious disease, there is danger from chloroform. Recollect, he said, the proposition that oxygen is a condition of life, in that it is a condition of destruction to tissues; development of vital power is in the burning. It goes to each organ, producing mediately its function, differing in different organs,—one form of action, but different modes, having their antecedent in destructive metamorphosis,—as each machine in the Patent Office performs different motions by the union of oxygen and carbon in the same furnace; each motion being referred to the oxygen. So we know that the stoppage of breathing kills quickly. Chloroform, when taken, produces anæsthesia by more readily appropriating the oxygen in the system. It consumes the oxygen which should have been appropriated to vital action, and therefore function ceases. So when the organs are already weakened by a dis-equilibrium of the vital conditions, the withdrawal of their natural stimulus by the administration of chloroform may prove fatal. Everything depends on the difference of susceptibility of the patient at the time.

After some further comments by Dr. Hodgen, the Society adjourned.

CORRESPONDENCE.

MESSRS. EDITORS:—

In the October number of the ARCHIVES we find a rather singular reply by Dr. M. A. Pallen to our criticism of his case of “Hare-Lip of the Uterus,” in which he speaks of our criticism as being “virulent.” Now, if it really was so we regret it, as this is, or should be, a matter of science, and not promoted by

virulency. In this rejoinder we hope to escape any departure from our usual amiability, that might justify a repetition of such charge.

Dr. Pallen introduces a number of witnesses to prove what is not, and never has been, in controversy, to wit:—the *time* of his performing the operation. Having stated that we had “no doubt there was a real case and operation—that is, some kind of a case, and some kind of an operation—it mattered not when or where the case existed; indeed, we did not know but that it might be found in some of those works of the imagination yclept “A Résumé of Forty-six Uterine Sections,” which, in the early numbers of the ARCHIVES, served to amuse the junior readers of the Journal, afforded reading matter to the lovers of the marvellous, and evidenced that Sangrado was not the only prodigy medicine has produced. One of these witnesses is introduced with more formality than the others, and with a sound of trumpets we are assured he is a great, a very great anatomist; now we were pleased at this for two reasons:—first, we were pleased to find Dr. M. A. Pallen, whose early education appears not to have included anatomy, in such company; it promised well for his future labors; and, second, it induced us to believe that this great anatomist would prove up the new utero-vaginal anatomy given us in Dr. M. A. Pallen’s wood-cuts. Did he do so? not at all! but he did prove a matter of *hearsay time*. Now without committing ourselves in regard to his anatomical knowledge, we might admit it to be sufficient for this purpose!

But it is too manifest, that this whole reply is a mere begging the question, to require comment, and we might not notice it but for the fact that it is intended to prove, that as the time of performing this operation was anterior to his receiving Thomas’s work, *therefore* the report, and writing up the case, were also anterior, and consequently could not have been made up from that work, as stated by us. Indeed, this is more than intimated in the following sentence: “The operation which I made was performed on Feb. 14, 1868, and detailed to the St. Louis Medical Society shortly afterwards.”

Now it must be recollected that it is not with the case as operated

upon on Feb. 14, nor as reported to the Medical Society some time afterwards, but as it appeared in the May number of the St. Louis Medical and Surgical Journal, some two months and a half afterwards, that we are concerned, as it was this we had under review, and this only; and as this appeared many weeks after he, from his own showing, was in possession of Thomas's work, the attempt to evade the charge of plagiarism fails, utterly fails, in its most important point,—its antecedence in time to his receiving said work.

Dr. Pallen says, "how I [he] could make an operation on the 14th day of February, prior to Dr. Thomas's book reaching St. Louis, and then plagiarise the procedure of the operation from that book, is beyond my [his] comprehension."

Now it appears to us, that that comprehension is dull indeed, that cannot comprehend the whole matter.

Let us see;—Perform some kind of an operation for some kind of a lesion—say we call it Hare-Lip of the Uterus—and then, not "shortly" but a long time afterwards, say two months or more, after he, according to his own proof, had been in possession of Thomas's work, write out the case for the Medical Journal, and while writing up the case, merely in order to quicken his fancy or vivify his descriptive powers, spread out Thomas's work on the table!! Can't comprehend this? Why the thing has happened so naturally that we can but be surprised that any one can see any difficulty in comprehending it.

But really, the denial of our charge of plagiarism affects us seriously. He ought to know best, and it may be we are mistaken, and if it will not be considered "virulent," we will examine the matter a little further.

Now, waiving all proof that exists that the plagiarism *could have been made*, (as a copy of Thomas's work was received early in March, and this report was not printed until May,) we shall proceed to prove that it *was made*; and here the readers of the ARCHIVES must excuse us for again copying from Thomas and the report.

The first quotation we will give is from Thomas, and tells *how*.

the operation may be done; the next is from Pallen, and tells how the operation was done.

* * * * The condition may be cured by an operation which consists in paring by long scissors the edges of the cervical fissure, and passing deep sutures of silver wire, so as to approximate them thoroughly.—THOMAS.

* * * Which treatment consisted in scarifying the edges, and approximating the raw surfaces by silver wire sutures. The dissections were easily made by means of scissors, and a long-handled, narrow-bladed bistoury.—PALLÉN.

Now we submit to any candid reader to say if one of these passages was not taken from the other. Is it possible to conceive this as merely a coincidence? Even the very transposition and substitution of words serves but to reveal the connection.

Again:—

* * * the papillæ or villi increase in size and length, and project forward like granulations. * * * Each of these papillæ contains a looped capillary vessel, which, becoming enlarged by its hypertrophy, and being entirely unprotected by epithelium, naturally tends to bleed. Sometimes the circulation in the supplying vessels is so much impeded that they become varicose. These two facts have caused the names of bleeding ulcer and varicose ulcer to be applied to the respective states.—THOMAS.

* * * its papillæ or villi increased in size, forming a granulation-like ulceration, * * * The pathology of this lesion consists of an absence of epithelium, and each papilla or villus contains a looped vessel, hypertrophied and enlarged, and greatly tending to bleed; these vessels are sometimes so much distended that they become varicose, and the term varicose ulcer has been applied to them.—PALLÉN.

Again we submit to the candid reader, is this not a direct quotation, the more certainly betrayed by the effort to mask it? Really we hope it will not be considered “virulent” when we declare that these, and like quotations which might be given, look very like a copy the one from the other; but then, Dr. Pallen, who perhaps knows best, can see no plagiarism in this, as different authors will think alike and express themselves in the same words, and, we may be permitted to suppose, draw like *pictures* for different objects. (See September number of the ARCHIVES.)

We pass now to the consideration of the charge of plagiarism in appropriating, without acknowledgment, the labors of Klob; and here we regret that our friend Dr. M. A. Pallen and we differ so widely.

In almost every labor, however normal, the vaginal portion is fissured in one or more places.—KLOB.

In consequence of nearly every labor, natural or abnormal, the vaginal portion of the cervix uteri is fissured in one or more directions.—PALLÉN.

But Dr. Pallén can see no plagiarism in this, because authors will think alike! “With regard to the parallel instituted between myself and Klob, I cannot recognise plagiarism. Certainly I could not have described the condition of the fissure without conveying the same idea, and possibly in the same words.”

A fissure of the vaginal portion sometimes extends to a varying height into the cervix, even as far as the internal orifice, and involves the uterine tissue in varying degrees.—KLOB.

The fissure extends sometimes to the internal os, but more usually stops about the vaginal fold, and is intro-vaginal and incomplete.—PALLÉN.

But then we are told authors will use “the same ideas, nay, even the very [same] words,” and we suppose this is more particularly the case when one, as in the case of Klob, is a translation.

Again:—

Frequently a few fibres of uterine tissue remain intact at the upper portion of the fissure, extending from one side to the other, bridging across it.—KLOB.

Sometimes a few mucous-tissue or uterine-tissue fibres are not torn through, and little bridles are formed from either side.—PALLÉN.

A most strange coincidence, particularly when it is recollected that Klob is a translation, and happened to be in M. A. Pallén's possession at the time. For other strange coincidences between this old German, and our follow-townsmen, we refer to the September number of the ARCHIVES.

Now we leave this with the readers of the Journal and pass to review a reviewer, who, armed *cap-a-pie* rushes blatant to the fray. Having seen all, he is ready to swear to all he has seen. Of course, he feels no possible interest in this matter, further than to establish the truth of history. We allude to the “expert” testimony of Dr. M. M. Pallén, and hope we will not be considered “virulent” in our notice of it, as really, we will endeavor to retain our well known amiability.

In Dr. M. M. Pallén's evident anxiety to make, he thinks he thinks he has found, a flaw in our argument, to wit:

“The case we are told, is one of fissure of the uterus, not

from any of the causes mentioned by authors, such as parturition, slitting the uterus for surgical purposes, &c., but by "granular erosion." Now the author is evidently a little muddy in the etiology of this fissure. We are not positively certain that he gives the cause at all,' &c., &c. But farther on Dr. Maughs asserts positively and unequivocally in this way:—"But why this talk of the pathology of a fissure of the uterus, when this was a case, not of fissure, but of erosion?" Here, then, Dr. Maughs, although he previously says that he is not positively certain that Dr. Pallen gives the cause at all, now positively asserts that it is a case of erosion."—M. M. PALLÉN.

Now if Dr. M. M. Pallén's candor had equalled his zeal in this matter, he might, by continuing the quotation beyond the &c., &c., have saved himself the mistake of the supposing any inconsistency here, as we had given a reason why we supposed it not a fissure. After stating that we were not positively certain that Dr. Pallen gives the cause at all, we continued:—"but from the manner he mixes up Dr. Thomas's description of granular ulcer with the fissure, we cannot but infer a causative connection in his mind between the two." Here, then, we gave a reason whereby we inferred it was not a fissure, and, we doubt not any "unprejudiced" reader, on perusing the article, will come to the same conclusion. Inasmuch, then, as granular erosion *does not produce fissure* we concluded, of course, it was *not a fissure*; leaving us, then, a granular ulcer or granular erosion to be remarked upon. Nor is this a mere inference of ours; we have the *positive statement* of Dr. M. A. Pallen that it was such. "The lining membrane was prolapsed and erected, its papillæ or villi increased in size, forming a granulation-like ulceration, known to gynecologists as a granular erosion or granular ulcer." But now hear Dr. M. M. Pallén: "I do therefore say positively that it was a fissure of the neck of the womb."

Now, which of these Doctors are we to believe? Dr. M. A. Pallen says it was what is "known to gynecologists as granular erosion or granular ulcer." Dr. M. M. Pallén asserts "that it was a fissure of the neck of the womb." And we assert that *a fissure is not a granular erosion or granular ulcer, nor do granular ero-*

sions produce fissures; if it was "that condition known to gynecologists as granular erosion or granular ulcer," it was not a fissure. Now we hope it will not be considered "virulent" in us to thus place the positive statements of the son against the father, and while we are free to admit that neither of them stand very high as authority with us, we are in this place compelled to believe the son.

But we have other reasons for not believing this a case of fissure, and which (supposing the description and wood-cuts of M. A. Pallen correct,) stand us in much better stead than the "expert" testimony of M. M. Pallen. They are these:—First, the wood-cuts of M. A. Pallen give a *virgin* os (see wood-cuts); therefore, there could not have been a fissure produced by parturition, consequently, no use for Klob's pathology; second, the wood-cut gives the os intact, that is, the rim of the os, that would most certainly have been ruptured in any fissure arising from parturition, or would most likely have been divided in any surgical operation, and would, in either case, have been least likely to heal, is not ruptured or divided at all. (See wood-cuts.)

Therefore, we do say, in despite of the interested testimony of Dr. M. M. Pallen, that if the description and wood-cuts are correct, there was no fissure of the neck of the uterus, and appeal to any and every pathologist to say if we are not correct.

In conclusion, we might say, that this little family arrangement, whereby the son puffs the father and the father endorses the son, gives evidence of a disinterestedness truly refreshing.

G. M. B. MAUGHS, M. D.

1528 CHESNUT STREET.

PLAN FOR AN ELEEMOSYNARY INSTITUTION

FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF DECEASED PHYSICIANS

MESSRS. EDITORS:—

At the annual meeting of the American Medical Association held at Washington City, D. C., in May last, it was "resolved, that a committee be appointed to take into consideration the subject of the best mode of providing a fund for the relief of the

widows and orphans of deceased physicians, and report to the Association at the next meeting."

To elicit discussion, and thereby secure for consideration and adoption the presentation of the best possible scheme for a grand eleemosynary institution for so laudable and praiseworthy an object, I desire, through the pages of your very valuable journal, to submit for the consideration of the medical profession throughout our entire country, the *outline* of a plan, which, in my opinion, may be made to fulfil the requirements. The object in view, is, of course, to secure the cheapest and surest method of providing for the pecuniary needs and educational care and interests, of the widows and orphans of physicians deceased without having accumulated a competence.

To meet the indication, I would suggest the erection, near one or more large cities where regular universities exist, and the most satisfactory educational facilities and advantages can be secured, an asylum or asylums for the support and education of the orphans, who shall be entitled to remain in them, until they are qualified to enter any profession or employment they may select, and take honorable positions in society. For matrons and instructors, as a matter of economy, I propose to employ the widows of physicians, competent for such positions, while the professors of the universities can be secured to instruct in the liberal sciences and professions.

To carry the plan into effect, I would suggest the appointment of a national Central Committee, with powers of organization and general control of funds, and of establishments to be founded. Each State can appoint a State committee, subordinate to the Central Board, whose duties will be to collect the dues from the profession in their several States, to decide upon all applications for the benefit of charity, to disburse the pensions allowed, after authorizations from the Central Board, and to provide for the expenses of travel and transfer to the institutions to be established.

To raise the necessary funds for the work, I propose the assessment of three dollars as a *minimum*—of course there are many competent and liberal physicians who will give a larger amount—upon every regular practitioner who holds a license, throughout

the land. Of these it is estimated there are not less than 150,000, and that the amount secured from this source would be a half million dollars or more, with which the necessary grounds can be secured and the buildings erected, and the balance, if any, placed at interest in some safe investment.

In addition to this, I propose an annual assessment of three dollars, the payment of which will entitle the family of the physician to the benefits provided. The appropriation of \$50,000 to defray the incidental expenses of the institution, would leave, say, \$200,000 for the support of the orphans, and a like amount to create and sustain a fund from which to pay pensions to the widows, who will be entitled to monthly or annual endowments, or one single sufficient endowment if such be deemed best.

Statistics show a mortality of an average of eight adults out of one thousand annually, hence the annual number of deaths of physicians would be about 1200. Of these it is safe to estimate there are about 200 single men and widowers. Of the remaining 1000, the widows of not less than 900 will need no support; consequently we would be able to give to each poor widow, a monthly pension of from \$25 to \$50, or a single endowment of about \$2000. Should the annual assessment of \$3 prove inadequate it could be correspondingly increased.

As the minor provisions of the plan will naturally grow out of the general organization, and can only be determined by the action of the proper bodies when constituted, it would be useless here to attempt their consideration in detail.

JAMES FISHER, M. D.

ST. LOUIS, MO., Oct. 10, 1868.

BIBLIOGRAPHICAL NOTICES.

THE PHYSICIAN'S VISITING LIST FOR 1869. Eighteenth year of its Publication. Philadelphia: Lindsay & Blakiston. Sold by Booksellers and Druggists.

This little publication which is sent forth on its eighteenth annual mission, is doubtless so familiar with a majority of the

profession as scarcely to require a word of commendation from us. It contains an almanac, Marshall Hall's Ready Method in asphyxia, a list of poisons and their antidotes, a table for calculating the period of utero-gestation, a visiting list for twenty-four patients daily for the entire year, and blanks for obstetric engagements and other necessary memoranda. It is gotten up of excellent paper, of convenient size, and durably bound, forming altogether one of the most complete lists published. W.

VESICO-VAGINAL FISTULA FROM PARTURITION AND OTHER CAUSES: with cases of Recto-Vaginal Fistula. By THOMAS ADDIS EMMET, M. D., Surgeon-in-Chief of the New York State Woman's Hospital, &c., &c. New York: William Wood & Co. 1868. pp. 250.

No institution of the present day promises to become more renowned, than the Woman's Hospital of New York. This noble charity was founded for the purpose of affording relief to women suffering from rupture of the perineum, and vesico-vaginal, and recto-vaginal fistulæ, diseases that, previous to the labors of the founder, and first surgeon of this institution, J. Marion Sims, stood the *opprobrium chirurgicæ*, but now, thanks to the labors of this great man, and his successor Dr. Emmet, these frightful maladies are within the pale of ordinary and almost certainly successful operative treatment.

This work of Dr. Emmet's presents us with a great number of cases, the treatment of which is variously modified as may be suggested or required by the particular case. Of some two hundred and seventy cases which the author had under his charge previous to October, 1867, only five were regarded incurable; certainly a most gratifying result, which not only exhibits to great advantage the improved modes of treatment, but is highly creditable to Dr. Emmet, whose great ability and skill as an operator reflects credit upon American gynecology.

No review short of a re-statement of the cases, could do justice to this work, which should be in the possession of every practitioner, and its pages be carefully studied by all who would acquaint themselves with this department of surgery.

The mechanical execution of the work is excellent, and reflects credit upon the enterprising publishers. M.

DISEASES OF CHILDREN. A Clinical Treatise based on Lectures Delivered at the Hospital for Sick Children, London. By THOMAS HILLIER, M. D., &c., &c. Philadelphia: Lindsay & Blakiston. 1868. pp. 402. 8vo. Cloth. Price \$3.00.

[For sale by Keith & Woods, and the St. Louis Book and News Co.]

This is a series of short monographs on some of the more important diseases peculiar to children, between the ages of two and twelve years, essentially the substance of the clinical lectures delivered by the author at the Hospital for Sick Children, Great Ormond street, London, revised and expanded, and so modified as to include his later experience, as also that of recent writers upon the several subjects under consideration. As the hospital, to which the author was attached, only admits children between the ages of two and twelve years, but little reference is made to the diseases of new-born children and infants of under two years. Surgical diseases are also omitted. The work is therefore by no means a complete treatise on the diseases of children, but those of which it does treat are thoroughly considered, and well illustrated by cases, carefully and accurately detailed.

In regard to therapeutics, while the author by no means ignores judicious medication, in consideration of the fact that in children the tendency of most diseases is towards recovery, he very wisely lays great stress on good nursing, the careful regulation of diet, fresh air, cleanliness and other hygienic measures, in regard to which his views are thoroughly sound, and worthy a careful consideration and adoption.

The mechanical execution of the work is excellent, and as a pioneer of its kind—a clinical treatise on diseases of children—we esteem it as a valuable contribution to medical literature.

W.

A THEORETICAL AND PRACTICAL TREATISE ON MIDWIFERY, including the Diseases of Pregnancy and Parturition. By P. CAZEAUX. Revised and annotated by S. Tarnier. Fifth American, from the seventh French edition. By Wm. R. Bullock, M. D., With one hundred and seventy-five illustrations. Philadelphia: Lindsay & Blakiston. 1868.

[For sale by the St. Louis Book & News Co., and Keith & Woods.]

Cazeaux's Midwifery, for a long time, has occupied a front rank with the medical profession as a standard work; one which

they could trust to refer to on all doubtful subjects. We thought the last edition of this work so complete that it was almost impossible to make an improvement upon it, but on looking over this edition by Tarnier we have changed our mind; not that the cardinal principles which underlie this great branch of our profession have changed, but in that M. Tarnier has given us, in addition, in this, not only the benefit of his own great experience, but has also embodied all the recent scientific investigations and advances which have been made in this department of science. In other words, it contains all that is known in reference to midwifery and its kindred branches up to the present time. We shall not particularize any special part of the work, for the reason that we consider it all good. Having such an opinion of its merits, we cordially recommend it both to the student and to the practitioner. The former will find it a text book that cannot be surpassed, and the latter an epitome of all that is known on the subjects of which it treats.

A. F. B.

THE SCIENCE AND PRACTICE OF MEDICINE. By WILLIAM AITKEN, M.D., Edin., Prof. of Pathology in the Army Medical School. Second American, from the Fifth enlarged and carefully revised, London Edition, adopting the new nomenclature of the Royal College of Physicians of London. With large additions by Meredith Clymer, M.D., Ex-Professor of the Institutes and Practice of Medicine in the University of New York; formerly Physician to the Philadelphia Hospital, etc., etc. In two volumes. With a Map, Lithographic Plate, and numerous illustrations on wood. Vol. I. Philadelphia: Lindsay & Blakiston. 1868. Royal Octavo. pp. 927. Price of two volumes, containing 2000 pages, in cloth, bevelled boards, \$12; in leather, \$14.

Neither time nor space permits more than a most casual notice at present, of this *great work*, for such we most assuredly esteem it. That it has reached its *fifth London Edition* in the space of eleven years, may be accepted as evidence of the estimation in which it is held among British practitioners, and the fact, that the first American edition was exhausted in less than twelve months after publication, indicates most unmistakably, the favorable reception it has met with from the American Medical profession.

Fifteen months, we are informed, were spent by the author in revising the last edition; portions of the work were entirely re-written, and new matter, to the extent of about one hundred pages, were added, in bringing it up to "the most advanced standard of the time." The American editor has not only revised his contributions in like manner, but, in adapting the work more fully to the wants of the American practitioner, has added new matter, equal in amount to about three hundred pages of the London edition, including *twenty-two new articles*, upon subjects not treated of or incidentally mentioned by the author, and most of these are of much scientific value and practical importance. Of the entire work, we will be able to speak more fully when we are in receipt of the second volume. At present, we can but say, that we believe that the present edition will be the most complete text book, and most thorough treatise on practical medicine in the English language—indispensable to the library of every scientific practitioner who would keep pace with the rapid advances of his profession. Nor are the publishers behind the author and editor in the performance of their part of the work; the type is large, clear and distinct, the paper of excellent quality, and the entire mechanical execution is highly creditable to the enterprising publishing house whose imprint it bears.

W.

We also acknowledge the receipt of Robertson on Extracting Teeth; Storer on Criminal Abortion; Constipated Bowels, by Birch; Marshall's Outlines of Physiology—Smith; Flint's Physiology of Man, two first volumes; Transactions of the Twenty-third Annual Meeting of the Ohio State Medical Society; Transactions of the Eighteenth Anniversary Meeting of the Illinois State Medical Society; Transactions of the Nineteenth Annual Session of the Medical Society of the State of Pennsylvania; Recherches Expérimentales sur une nouvelle fonction du Foie, etc., par Austin Flint fils, docteur en Médecine, etc., which will be noticed more fully in our next number.

EDITORIAL NOTES AND VARIA.

Some of our subscribers have not yet responded to our former intimation that money was a very important item for the successful conducting of a Journal. We are sorry to be compelled again to remind them of so self-evident a fact. Will those who are in arrear please oblige us by remitting the amounts due us, without further delay? We would be pleased to enclose to every one a receipt in our next number.

COTEMPORARY JOURNALS.—In commencing a new volume the editors of the *New York Medical Journal* say, that “after eighteen months’ appearance in an antique dress, we come back to modern type, a change which we believe will be satisfactory to at least the majority of our readers.” We think the change a decided improvement. There was something unique in the former “dress,” but we certainly think that the “antique” lacks the symmetry of the more modern type, and for that reason the eye soon grows weary of it. “An improvement” which the readers certainly will appreciate is the increase of reading matter, the result of the use of smaller type in a portion of the journal as well as the addition of “another form.” The new publishers are not behind the editors in their efforts to meet the wants of the profession. The journal is one of the most valuable medical periodicals of the day, and its typographico-mechanical execution can hardly be excelled.

We confess to a slight disappointment in the appearance of the *Medical Gazette* in the new form with which it begins its second volume; but are pleased to say that our fault-finding is not with the editorial department. Whilst most of our exchanges come to us with the commencement of a new volume in improved dress and general appearance, the *Gazette* has in this instance proved an exception. The paper is quite inferior; and the printing and folding so poorly executed that it is difficult to decide which is the most at fault.

There is certainly great room for improvement, and the able manner in which it is edited most assuredly merits it.

A STEP IN THE RIGHT DIRECTION.—On the first of October the new law went into operation in Ohio, compelling all persons to suspend practicing medicine, who had never received regular diplomas. This

is all well as far as it goes, but it does not go far enough. If the possession of a "regular diploma" is not deemed sufficient evidence of competency to enable its possessor to enter the medical department of the army or navy; if it is deemed necessary that he shall evince further evidence of qualification, by passing a satisfactory examination before an Authorized Medical Examining Board, before being allowed to prescribe for sick or wounded soldiers or sailors, is a less degree of qualification necessary to fit him to prescribe for women and children? Are the lives of citizens—men, women and children of less value than the lives of soldiers and sailors? Should not the State Governments throw *at least* as much protection around the former, as the National Government does around the latter? Is the trifling with human life so small a thing that any, the most ignorant, vile and debased, who will pay the revenue license, may do so with impunity? It is well, we say, to prevent the practicing of medicine by any one, without the degree of evidence of competency, furnished by the possession of a diploma from some legitimately authorized medical college; but nothing, we think, would do so much towards elevating the standard of American medical education, and re-establishing the honor and dignity of our noble profession, and so fully assure the citizen the protection of life and health, to which he is so justly entitled, as to require that every medical graduate should undergo a satisfactory examination, before a competent Board of Authorized Medical Examiners, before he can receive a license to practice. Certainly no more worthy object could engage the time and attention of our County, State or National medical associations, than the securing of proper necessary legislation upon this subject. Every step toward the attainment of this object, should be welcomed as the presage of better things for the future, and in this light we look upon the action of the legislature of Ohio, and other States that have made a move in regard to it. How long will the legislature of our own State lag behind? How long may miserable pretenders—male and female—prey with impunity upon the ignorant and credulous, and their shameless advertisements disgrace the pages of our public prints?

IOWA STATE UNIVERSITY.—At the annual meeting of the Board of Trustees of the Iowa State University, held at Iowa City, September 17, a medical department of the University was created, to be located at Iowa City. A course of lectures will commence in September, 1869. The faculty is not as yet announced.—*Med. and Surg. Reporter.*

AMERICAN MEDICAL DEGREES.—In reply to a student who enquires concerning the legal requisites for medical practice in America, the *Lancet* says: "There is no Medical Act in the United States, and almost any one can practise there, whether qualified or not.

It is with grief that we are forced to admit the truth of this humiliating statement, and our chagrin is increased by the fear that it will be long ere the stigma shall be removed from our country. While our legislative halls contain venders of patent nostrums, whose incomes are derived from practising upon the ignorance and credulity of the masses, there can be but little hope for legal recognition of Medical Science, or enforcement of proper standard of Medical attainments.

Although much of the blame for this lamentable state of affairs is referable to our "representative" form of government, which foists into legislative positions many men whose only claim upon popular suffrage is a successful business career and a lavish expenditure of dubiously acquired money to gain the coveted eminence, even more of the opprobrium must rest with our own profession. Instead of establishing a combined censorship upon the qualifications, not only of the students, but of their preceptors, we slur over great instances of gross incapacity, and allow the accursed proclivities of the "business community" to invade the sacred precincts of our art.

Despite the vaunted intelligence of America, it seems as if the support of wealth were destined to be inveigled only in behalf of obtrusive charlatanism, while pure Science, of more staid demeanor, is left to shift for herself as best she may.

A partial remedy for these abuses might be attained by the united action of those who look upon medicine as a science, not as a trade. If the comparative status of Medical Colleges were fixed by unanimous consent of the influential members of our profession, and no diploma recognized which was conferred by an incompetent faculty, the title of "*Medicinæ Doctor*" would soon become a prouder distinction than it now is, and its possessor might claim equality with the graduates of foreign Universities.—*Med Gazette*.

MISSOURI MEDICAL COLLEGE.—The chair of "Theoretical, Operative and Clinical Surgery," vacated in this institution by the death of Prof. Joseph N. McDowell, has been accepted by Prof. Paul F. Eve, formerly Professor of Surgery in the University of Nashville. We cordially welcome Prof. Eve to our midst, and congratulate the Faculty on the accession to their numbers of so eminent a surgeon and teacher.

GLYCOSURIA is almost a normal condition in the convalescence from acute maladies.

When it is absent, a profuse critical discharge from some other organ has generally taken place.

Measles, pneumonia, erysipelas, and almost all inflammatory fevers are followed by temporary glycosuria.

This seems due to a sudden arrest of a maximum of combustion, and is the result of a difference between the destruction and production of glucose in the organism.—*Med. Gazette*, from *Arch. Gén. de Méd.*, Aug. 1868.

NASAL MEDICATION.—In cases of severe neuralgia of the face and head, and certain diseases of the eye, Dr. Rambert, of Chateauden, recommends using the lining membrane of the nasal cavities as a medium for the absorption of remedies. He has obtained very good results from the administration, by this method, of one grain of morphia rubbed up with sugar seventeen grains.—*Gazette des Hôpitaux*.

NEW VERMIFUGE.—Dr. Perrin stated before the Société de Chirurgie, that in two cases where vermifuges had failed, he afterward succeeded in expelling lumbrici by using an injection of a half spoonful of oil of petrole to a quart injection. An interesting case of persistent hiccough of several months duration, dependent on the presence of lumbrici, was related before the Society, and also a case of epileptiform convulsions from the same cause.—*New Orleans Jour. of Med.*

SODA VERSUS POTASH.—Dr. P. H. Van der Weyde says that he has found the nitrate of soda in all cases, as a medicine, superior to nitrate of potash, and that he had discarded the potash from medicinal use. Iodide of *sodium* is better than iodide of *potassium*, and bicarbonate of soda is preferable to the bicarbonate of potash in domestic economy. His theory is that potash is foreign to the animal body, and produces eruptions on the skin, while soda is demanded for the healthful performance of physiological actions that belong to life.

TEST FOR BLOOD.—For the detection of blood on clothing, Dr. Taylor recommends the following process: The part is first to be wetted with a little water. A little tincture of guiac is then to be dropped upon it, and then a piece of white blotting paper should be pressed upon the spot; if no blue color is developed, there is nothing in the material or dye to affect the reaction. Another drop of tincture of guiac, and then a few drops of peroxide of hydrogen should be added, and then, upon pressing white paper on the spot, a blue color will at once show itself on the paper. Dr. Taylor succeeded in

obtaining the characteristic reaction in the case of drops of blood which had been on a towel for ten years. This test does not enable us to say, of course, to what kind of animal the blood belongs. Even the red liquid of the common house-fly, Dr. T. says, will produce the effect above-mentioned. Its advantage is, that a small quantity, beyond the application of the ordinary chemical tests, may be detected in this way. So small a quantity as one drop of blood in eight ounces of water, may be detected, by operating on one or two drachms. Nor does the admixture of mucus, urine or other liquid, without oxidizing effect on the blood, render this test inapplicable.—*Amer. Jour. Med. Sci.*, from *Guy's Hosp. Rep.*

LOCAL USE OF PER-CHLORIDE OF IRON IN UTERINE AFFECTIONS.—The objection to per-chloride of iron, as a topical application in diseases of the womb and uterine passages, is, that unless very much diluted, it corrodes the epithelium of the mucous membrane lining the vagina. To prevent this corrosive action, which is caused by the presence of free hydrochloric acid, it is recommended to use carbonate of soda—four grains of the crystalized salt to one ounce of the liquor ferri perchloridi will generally suffice—to convert it into a neutral salt. Chloride of sodium is formed; but the hæmostatic properties of the perchloride are intensified, Dr. Braun says, rather than diminished by the alteration. Dr. Braun has used concentrated solutions of the perchloride, thus treated, with very good results. In cases of endo-metritis, hemorrhagia, and of bleeding from small tumors, he dilates the cervix uteri by sponge tents, and injects a small quantity into the cavity by means of the uterine syringe. For puerperal metrosepsis and putrid vaginal discharges, from one-half to one ounce is injected by means of an elastic ball fitted to the end of a catheter. To lesions about the os and cervix uteri, he applies compressed balls of cotton saturated with a strong solution.—*Amer. Jour. Med. Sci.*

THE SPONGE TENT—ITS PREPARATION AND USE.—Dr. George Syng Bryant, of Louisville, Ky., (late of this city,) says, that for the past eighteen months he has prepared an *antiseptic* sponge tent, as follows: He selects moderately coarse, elastic sponge, which, being well cleansed, and while wet, cut into the shape and size required, is then saturated with thick gum mucilage, prepared by using ten or twelve grains of crystalized carbolic acid to the ounce, and wrapped on an awl, with a strong, well-twisted cord. The tent should be fusiform, and wrapped from the small end, taking care that the layers of the cord are carried around in close prox-

imity and with perfect regularity; and by retaining the "screw threads" thus formed, and turning it as an ordinary screw during insertion, the tent can be more easily introduced, and will not slip out as a smooth one is apt to do. To facilitate introduction, the tent, more particularly at the small extremity, should always be slightly soaped, when, firmly grasped by a pair of small, straight forceps with an attachment for holding the blades fast, it should be inserted as directed, so as not to project more than one-eighth or one-fourth of an inch out of the os, the uterus being held by a volsella or hook. Among the numerous uterine diseases and derangements which are most frequently benefited by its use, he mentions the following: Granular erosions of the os and cervix uteri, which, when thus treated, seldom fail to disappear in a short time, and the mucous membrane becomes smooth and natural.

Fungoid granulations, often a source of great annoyance to the surgeon, and distress to the patient, soon disappear under proper use of the tent.

In fibrinous infiltration of the os and cervix, either alone or in complication with many diseased states of the uterus, as erosion, fungoid granulations, sub-involution, ulceration, elongatgd neck, constrictions, and flexions, with or without retroversion or antiversion, not only will the infiltration disappear under the use of the sponge tent, but also, the complicating disease.

In pathological hypertrophy, either with or without chronic inflammation, the sponge tent acts with peculiar benefit, exciting the absorbents to take up all superfluous deposits or tissue. Intra-uterine fibroid and polypoid tumors, when of small size, will sometimes be completely destroyed by the sponge tent in a few days.

If the fibroid be small and intra-mural, it may be reduced in size, and possibly, in some instances, be removed completely, by the long continued use of the sponge tent, resting the patient three or four days in every week.

Polypoids, when attached to the canal of the cervix, if of small size, yield readily to the pressure of the sponge tent.

In the treatment of uterine diseases, the bowels, he says, must be kept in a soluble state, much depending on their condition in the treatment of most uterine affections.

POST-MORTEM CÆSAREAN SECTION—CHILD SAVED.—The Boston *Med. and Surg. Jour.*, records from the *Edinburg Med. Jour.*, the following successful operation of the kind: Dr. Brotherton was en-

gaged to attend the lady in her confinement, and receiving a hurried message that she had fallen in a fit and could not be roused, he hastened to the house and found that she was already dead. The husband consenting, the operation was immediately performed, and a large, healthy, female child extracted with ease, but it gave no signs of life. Artificial respiration was resorted to, and in about fifteen minutes the heart began to beat, and the child gave a convulsive sob or two. The surface of the body now being quite cold, the child was plunged into a hot bath, and cloths, dipped in quite hot water, applied to the head, the artificial respiration being also persevered in. In about a half-hour, the child was struggling and crying, and in a perfect condition. Three months after, the child was remarkably robust and healthy.

The placenta was found about two-thirds detached from the fundus of the uterus, and there had been great hemorrhage and rupture of the membranes in the vicinity of the placenta, but no escape of blood per vaginam and no sign of dilatation of the os. The woman had been dead twenty-three minutes before the operation was commenced.

REMARKABLE VITALITY IN A NEW-BORN CHILD.—Dr. James T. Newman records in the *Chicago Medical Journal*, Oct. 1. 1868, the following extraordinary instance of vitality of a new-born child:

“At half-past twelve in the evening he saw, on account of hæmorrhage, a young woman who had recently given birth to a child. The friends were trying to conceal her shame. It had been ‘born at 8 o’clock in the morning, and was quietly wrapped up in an old blanket and put out of sight.’ He was told that it was still-born. At his request the child was shown him, and there was something in its face told him it was not dead, but he said nothing. When he made his visit in the morning the child was in the coffin. Upon request it was again shown to him, and to his astonishment, upon applying a stethoscope he could distinctly hear the sound of the heart. He took the child out of the coffin, used Marshall Hall’s method, and in the course of thirty minutes the child commenced breathing; the pulse was natural; it cried, and took the breast eagerly. It is a fine looking boy to-day and for aught I know, bids fair to live three score and ten years.”

The doctor does not tell us why he did not attempt resuscitating the child when he first saw it.

PLACENTA PRÆVIA —According to Sir James Simpson, placenta prævia causes a mortality of one-third of the mothers and over half of the children. The reasons for this great mortality, Prof. Thomas, (*Amer. Med. Jour.*, from *Amer. Jour. of Obstetrics*), believes to be:

"1. The dilatation of the cervix for the passage of the child, unavoidably exposes both mother and infant to great danger from placental detachment and hemorrhage.

"2. Repeated hemorrhages, occurring during the ninth month, as the os internum dilates under the influence of painless uterine contractions which then occur, the woman, at the time of labor, is usually exsanguinated, exhausted and depressed, both physically and mentally.

"3. Profuse flooding generally occurring with the commencement of labor, the medical attendant is often not at hand, and reaches his patient only after a serious loss of blood has occurred." * * * or, if earlier present, an attempt at surgical interference, often destroys the lives it is intended to save. The hand forced through a rigid os will often rupture its walls, while delay, without controlling the hemorrhage, necessarily favors a fatal result.

By resorting to premature delivery, as a prophylactic measure, Prof. T. is convinced that the mortality would be diminished: "We should be dealing with a woman who is not exhausted by repeated hemorrhages; the obstetrician would be in attendance at the commencement of labor, and he would be able by hydrostatic pressure to control flooding, while the same pressure accomplished rapidly and certainly the first stage of labor.

"When this step has not been deemed advisable, or from any cause, labor has absolutely set in complicated with unavoidable hemorrhage, there are two plans by which we may endeavor to save the lives of mother and child.

"1. We may alter the state of affairs at the cervix so that dilatation may occur without hemorrhage.

"2. We may hasten the delivery of the child so as to render a *gradual dilatation* of the cervix unnecessary.

"The means at our command for accomplishing these indications, may thus be tabulated and presented at a glance:

"*Means for Preventing Hemorrhage when the Os Dilates.*—1. Distension of the cervix by bags of water; 2. Evacuation of the liquor amnii; 3. Partial detachment of the placenta; 4. Complete detachment of the placenta; 5. The tampon or colpuryster.

"*Means for Hastening Delivery of Child.*—1. Ergot; 2. Version; 3. Forceps; 4. Craniotomy."

EARLY PUBERTY, WITH PREGNANCY AND SUCCESSFUL DELIVERY.
—Dr. M. Horwitz, of St. Petersburg, (*St. Petersburger Medizunsche*

Zeitschrift), reports that in the beginning of 1867, he was called in consultation to see a girl of Russian family, twelve years old, supposed to be in the ninth month of pregnancy. She had begun to menstruate in her tenth year, and continued to do so until conception took place; was well developed, and looked like a fully matured woman of medium size, although her face still retained its childish look. Her breasts were full and large and on pressure, a whitish liquid exuded. The examination per vaginam, proved the advanced stage of pregnancy. She had enjoyed perfect health, with the exception of occasional nausea and vomiting. Lately, she began to complain of pain in the sacral region. The position of the foetus was normal; the foetal heart could be perceived. Three weeks and a half after, birth took place, after ten hours of normal labor. Mother and child did well.

Dr. H. mentions ten additional recorded cases of early puberty and pregnancy. Of these, the youngest mother was eight, the oldest, thirteen and a half years. In ten cases, including the above mentioned, delivery took place at normal time; in the eleventh, it happened in the seventh month. In eight cases, mother and child lived, two still births happened, and in one case, the mother lost her life in consequence of the birth. No unusual symptoms or serious difficulties occurred to any of these young mothers.

Eight or ten years ago, Dr. Schwedler, of New York city, delivered a woman of a healthy female child that had molimina mensium after three weeks, and three weeks afterward, or six weeks after birth, began to menstruate, and continued to do so every month until Dr. S. lost sight of it.—*Amer. Jour. of Obstetrics*.

BIG BABIES.—In the *Transactions of the Illinois State Medical Society*, Dr. Roeschlaub, of Quincy, reports six male children born during the year, whose average weight at birth was $13\frac{1}{4}$ pounds—the largest $17\frac{1}{2}$; the smallest, 12 pounds. Dr. Ballard, of Bloomington, reports a male child of 12 pounds.

According to Prof. C. D. Meigs, of Philadelphia, the average weight of young “olive branches” in the United States is but a little over seven pounds. And according to Cazeaux, the average weight in the French Empire is but between six and seven pounds. Of 4,000 born at La Maternité, Paris, under the care of Mme. LaChapelle, only one weighed over twelve pounds. The largest ever weighed by Prof. Meigs, turned the scale at $13\frac{1}{2}$; the largest weighed by Prof. Hodge, of Philadelphia, was $13\frac{1}{4}$ pounds. If weight is a

desirable quality, Illinois certainly has reason to exult over less favored regions.

POSITION IN CHLOROFORM POISONING.—Dr. E. L. Holmes, *Chicago Medical Examiner*, after detailing a number of cases to sustain his position, says: "Whatever may be the obscure causes of fatal results from the use of chloroform, I believe the danger, in by far the larger proportion of cases, depends upon a tendency to death by syncope. To overcome this tendency it is necessary to stimulate the nervous centres. This may be done by causing a column of blood to press upon the vessels of the brain. It is not sufficient to remove the pillow from under the head and place it under the hips. It is necessary that the whole body be placed upon a steep inclined plane, to force as much blood as possible, by gravitation, into the brain. I believe this is of more importance than any of the methods usually described by writers on the subject. It should take precedence of the withdrawal of the tongue, artificial respiration, galvanism, or stimulants. This remedy can always be applied without delay, and can be followed by any others which may seem desirable."

He directs that when poisoning has occurred, as evinced by arrest of circulation, cessation of respiration, pallor, &c., that the foot of the table be raised sufficiently high to place the patient with the head downward on an inclined plane of at least 40°. Under such circumstances he has invariably found the color to return promptly to the face, the heart's action restored, and respiration speedily re-established.

ETHER SPRAY DURING DEPILATION.—Dr. Gailleton, of Lyons, (*Lancet*), recommends local anæsthesia, by means of ether spray, when in the treatment of favus, sycosis, impetigo, or other affections, it may be necessary to pull out the hair. As soon as a given spot has become white and insensible, the hair can be quickly uprooted without pain to the patient, and while this is being done the spray can be directed to another spot, and thus, in succession, all the hair can be removed.

[The use of ether spray will be found one of the most efficient methods of relieving pain during operations for in-growing toe-nails.]

THE OVARIES.—Cazeaux says that according to the microscopical examinations of M. Sappey, a single healthy ovary contains more than 300,000 ovisacs and ovules, making about 700,000 for each individual. If, therefore, all the ova existing in the substance of the ovaries of a young woman of eighteen or twenty years of age could be fecundated and undergo all their phases of development, she would be sufficient

to populate four such cities as Lyons, Marseilles, Bordeaux, and Rouen; and two could furnish inhabitants for a city containing 1,600,000 persons.

CURE FOR THE STING OF THE BEE OR WASP.—The peculiar poison produced by these insects has been found to consist in part, if not altogether, of *urous acid*, which may be effectually and almost immediately neutralized by the application over the part stung, of powdered prepared chalk, or carbonate of lime, made into a thick paste with water. The resulting compound is, of course, *urite of lime*, which is perfectly innocuous.—*Jonr. of Applied Chemistry*.

DIGITALIS IN THE TREATMENT OF HALLUCINATIONS.—In the *Allg. Ztschr. für Psychiatrie*, a case of a woman is reported, aged 38 years, who was constantly troubled with the appearance of devils and imps, brandishing flames and threatening to strangle her. She was placed on digitalis (half a scruple to five oz. of water, one drachm three times daily), and in two or three months was quite restored. The real effect of the drug on mental action should be carefully studied.—*Western Journal of Medicine*.

PRESERVATION OF ANIMAL TISSUES.—We learn from the *Boston Medical and Surgical Journal*, that at a recent meeting of the Boston Society for Medical Improvement, Dr. Coolidge showed a foot and lower part of a leg which had been injected seven weeks (48 days) before, with a mixture of carbolic acid, glycerine, sugar and gelatine. The parts were in perfect preservation, and soft and natural in appearance. The carbolic acid and sugar, he said, were the principal preservatives. The most remarkable anatomical preparations he had seen, as regards the mere keeping of them, were a dissected arm and a heart in the Musée Orfila. The relations of the parts were preserved, and they were not dried up as they usually are. The process of their preparation was a secret, but he was told that it was principally an injection of carbolic acid and sugar, with, perhaps, an after-coat of a solution of gelatine or gelatine in sugar and water.

CURES FOR ITCH.—Dr. Le Cœur recommends the cure of itch by the pleasant application of aromatic vinegar. He has for years employed this simple economic remedy, with constant success. The vinegar should be rubbed in with a roughish sponge. Four or five frictions generally effect a cure. A warm bath will remove any erythema which may arise. The Prussian military authorities cure the itch by smearing the parts with a mixture of two parts of liquid storax with one part of sweet oil. The cure is said to be complete in

twenty-four hours. Either of the above, if successful, is far more pleasant than the usual sulphur treatment now in common use.—*Chem. Gazette*.

INGROWING TOE-NAILS.—Dr. S. B. Kelly furnishes the *Boston Med. and Surg. Journal* with the following method of dealing with this affection, which he had practiced for a long time with perfect success:

“Take caustic potash and burn down the growth at the side of the nail; then apply the caustic to such a portion of the nail as you wish to remove, being careful not to injure the matrix. In a few days you can wipe off the section of the nail, it having been dissolved by the caustic, leaving the surface smooth and healthy for the nail to grow over. Very little pain attends the operation.”

TREATMENT OF HERPES ZOSTER.—Dr. Jos. Konrad, in the *Wiener Medizinische Presse*, March 1, 1868, advises painting the parts twice or thrice a day with collodion, and administering an opiate at night. By this simple means he completely cured fifteen cases—all he treated—in four to six days.

IRON BALL IN THE BLADDER.—The *Medical Gazette* (N. Y.), says that an inmate of the Soldier's Home, at Newark, who had been shot in the lower part of the abdomen, in 1865, recently manifested symptoms of urinary calculus, and on the 31st ultimo an operation was performed, and a cast-iron ball weighing over an ounce was extracted from his bladder.

MILK IN THE BREAST OF A MALE INFANT.—Mr. Owens reports a case in a recent number of the *Lancet*, of a male child, nine days old, from each of the breasts of whom he obtained half a drachm of milk.

TO PRESERVE SPECIMENS OF ANATOMY AND NATURAL HISTORY. Anatomical specimens and entire animals may be preserved from decay without spirit, by coating the inside of the vessels containing them with *phenic acid*, and sealing them so as to exclude the air. The bodies may also be injected with a solution of this acid in water.

ERRATUM.—On page 476, of our *Journal*, of last month, we are represented as saying “while Medical Doctor.” Of course, our professional brethren will recognize that “Medical Director” was meant, and that the mistake occurred through the inadvertence of the proof-reader.

Humboldt Medical Archives.

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HEPATIC ABSCESS FROM TRAUMATIC VIOLENCE.

BY EDWARD E. COLEMAN, M.D., St. Louis, Mo.

Abscess of the liver is, fortunately, by no means of common occurrence. Most writers upon the subject assert that it is very rarely met with, except in warm or tropical climates. Dr. Flint asserts that it belongs, *par excellence*, to warm climates; and that, even there, it is not very common. By some authorities the lesion is attributed to the irritation produced by the presence of biliary calculi; ulceration of the gall bladder and ducts is also regarded as adequate to its production; but, by a majority of observers, a direct causative relation is supposed to exist between hepatic abscess and dysentery; some, however, asserting that the abscess is consecutive to, and dependent (from the absorption of septic matter) upon the dysenteric affection; while others maintain that the latter is the sequence of, and dependent upon, the hepatic lesion. The etiology, and hence the true pathology, of the idiopathic form of the affection, seems to be by no means determined, nor are the symptoms, in many cases at least, less obscure. All authorities, however, seem to agree that traumatic violence is a most unfrequent cause of the lesion. Of three hundred and eighteen cases, which were carefully analyzed by Dr. Moorehead, but four only were traceable to this cause. In consideration, therefore, of the extreme rarity of the affection,

the history of the following case of hepatic abscess from traumatic violence may not be uninteresting:

On the 28th May, 1868, I was called to see P. G. F., aged 35, a native of Ireland. He was a submarine diver by occupation, and, about the middle of March previous, had been engaged in wrecking a steamboat, which had sunk in about forty-five feet of water, in the Ohio river. While endeavoring to detach and remove the engine, he was struck in the region of the stomach by an iron bar, which for a short time knocked him insensible. From this, however, he soon recovered, and, by the next day, was able to resume his labors, suffering but little inconvenience from his injury. Two weeks subsequent, he was attacked with a violent pain in his "stomach," which lasted about twelve hours, and was then relieved by brandy and laudanum. About a week later he had a similar attack, after which the paroxysms gradually increased, both in frequency and intensity, until finally, being no longer able to pursue his avocation, he was compelled to seek medical aid. During these attacks, he always had a profuse diarrhoea; but this fact I did not learn until his case had been some time under treatment, notwithstanding I had made particular inquiry in regard to it.

When I saw him, he complained of an intense pain in the epigastrium, which had for three nights deprived him of sleep; and, on examination, I found a slight enlargement, extending from the umbilicus upward, a little to the right of the median line, to within an inch of the ensiform cartilage, and presenting all the signs of acute inflammation. His bowels were constipated; his tongue coated, and with fiery red margins and tip; pulse 120, quick and hard; skin hot and dry, and he was *unable to lie on his left side*. I ordered cups to the affected part, a sudorific mixture, and mercurial cathartic.

May 29. Pulse reduced to 90, soft and full. He has slept some during the night. Ordered calomel and opium in small doses; continue sudorific mixture, and a light, nutritious diet.

June 1. Condition much improved; fever has entirely abated; has no pain; *slight* ptyalism produced. Suspended mercurial, and ordered decoctum cinchonæ and potassa chloras.

June 3. Patient is able to sit up this morning; eats and sleeps well, but the tumor is enlarging; treatment continued.

From this time, until June 9, he gradually gained in strength, and now thought that he would again be able to get to work, if he was only "rid of the swelling." Upon examination this morning, I detected fluctuation. It was evident I had an abscess to deal with; but, being somewhat perplexed at the location, I requested Drs. J. J. McDowell and A. J. Steele to see the case with me. Both these gentlemen concurred in the opinion that it was an abscess in the abdominal parietes, and should be opened; but, at the suggestion of Dr. Steele, an exploring needle was introduced prior to using the knife, when, upon pus being revealed, a longitudinal incision of an inch was made, and about six ounces of pus evacuated, and a tent introduced to keep the wound open. During the ensuing night, the abscess rapidly refilled, and, in the morning, upon removing the tent, fully ten ounces of pus was discharged. In order to bring the walls of the abscess in apposition, a compress was applied, and retained *in situ* by adhesive plaster. As a tonic, the citrate of iron and quinia was ordered, with plenty of animal food.

June 14. The abscess continues to discharge freely; continued tonics and good diet, and injected the cavity with a weak solution of iodine.

June 20. He has had an attack of diarrhœa during the night, from effect of which he is much prostrated this morning. Ordered gallic acid and opium in full doses, and liquid nourishment; continued injections.

June 21. Diarrhœa no better; pulse very feeble; abscess discharging profusely. Injected the bowel with ten grains acetate of lead, and one grain acetate of morphia.

June 22. Diarrhœa much worse, the evacuations assuming a dysenteric character. Ordered a half-grain nitrate of silver and a grain of opium every three hours, and starch and laudanum injections, with milk punch and beef essence *ad libitum*.

June 24. Discharges not so frequent, but his strength is rapidly failing. Treatment continued.

June 26. Very weak this morning; all forms of nourishment

seem but to irritate the bowels. Ordered castor oil and laudanum in small doses every hour, with tonic doses of quinine, and continued the enemata, milk punch and beef essence. From this time on, all treatment seemed alike unavailing to arrest or stay the dysenteric affection, and it being evident that he could not long survive, he was removed, on the 2d of July, to the City Hospital, where he died a few days afterward.

Dr. Tyndale, assistant physician at the Hospital, has kindly furnished me the following history of the case while under his care, and also the result of the post mortem examination.

“When admitted, on July 2, he had frequent dysenteric evacuations, with much tenesmus; he was very much emaciated; he had but little appetite, tongue coated, and pulse feeble; the abscess in the abdominal parietes discharged but little. He was ordered turpentine emulsion with laudanum, and tonic doses of quinine, with egg-nog *ad libitum*.

“July 5. Condition not materially changed; for the last forty-eight hours the dysenteric symptoms have somewhat abated, but the taking of food of any kind seems to aggravate them. Ordered enemata of starch and laudanum every three hours, and continued above treatment.

“July 6. Abscess discharging profusely; evacuated it as fully as possible, and injected weak solution of iodine; other treatment continued.

“July 10. Patient rapidly emaciating; dysenteric symptoms can be arrested by the turpentine emulsion, and injections, but are re-established upon taking either food or drink, and especially is this the case at night. His appetite has now failed entirely: can take nothing but milk, of which he is allowed all he can drink.

“July 11. Dysenteric symptoms entirely disappeared, but the anorexia continues, with a very quick and feeble pulse. His strength rapidly failed, and he died at 5 P. M.

“Sectio cadaveris, fifteen hours after death:—Body very much emaciated; there is a cavity, three inches long and two inches broad, between the right transversalis muscle and the transversalis fascia, with firm fibrinous walls, and partly filled with pus, and this communicates by a sinus with a circumscribed abscess at

the base of the left lobe of the liver, between one and two inches in diameter, and filled with pus; the surrounding portions of the liver are hyperæmic, and evince a low grade of inflammatory action; the remainder of the organ presents nothing abnormal. The heart, lungs, stomach and kidneys are normal, and the mucous membrane of the intestinal canal presents the ordinary dysenteric lesions."

At no time during the progress of the case was there any evidence of the hepatic lesion, nor was it suspected that the abscess communicated with the liver, until the post-mortem revealed the fact. There was nothing in the character of the purulent discharge to indicate that such was the case. To what extent there existed, in this case, the relation of cause and effect between the hepatic lesion and the dysenteric affection, must of course remain a matter of conjecture, but the fact that the former was well advanced before the latter was developed, would certainly indicate that the latter was the sequence of the former, rather than the converse. The history of this case, if nothing else, may serve to illustrate that the symptoms of abscess of the liver from traumatic cause are no less obscure than in the "idiopathic" variety of the same lesion.

805 NORTH EIGHTH ST.

INVERSION OF THE UTERUS.

SUCCESSFULLY REDUCED AFTER FOUR YEARS AND A HALF DURATION.

By A. K. REYNOLDS, M.D., St. Louis, Mo.

Mrs. Mary Frances Nance, aged 28, of Woodville, Hamilton county, Illinois, came under the care of Dr. Augustus DeFoe, of McLeansboro, Illinois, in April, 1868, suffering from what upon examination proved to be an inversion of the womb, of four years and a half duration.

At the time of the inversion, she resided in Hopkins county, Kentucky, and previous to the accident, her general health had always been good. It was her first confinement, and she was attended by a midwife. She was in labor fourteen hours, and im-

mediately after the delivery of the child, the midwife had her get upon her feet, and while in that position, in an attempt to remove the placenta, pulled upon the cord, until the uterus was completely inverted and protruded externally. She then desired to *cut it off*, but was prevented by the patient's friends, who then sent for a physician. The physician came, removed the placenta, which was adherent, and returned the uterus within the vagina, but *without reducing the inversion*. Since then, she had been treated by various physicians, by some of whom the fundus of the inverted uterus was repeatedly cauterized, under the impression that it was a case of ulceration of the cervix. What a definite idea these illustrious followers of Esculapius must have had of the appearance of a cervix, normal or otherwise! and how happy the people whose darkness is made light, by the benign rays shed abroad by such blazing lights of science!

On the 24th of May, I saw the patient, in consultation with Dr. DeFoe, and confirmed his diagnosis.

On the 28th of May, in the presence of Dr. DeFoe (in charge) and Dr. G. G. Lyon, of Alton, by request of the former, I attempted the reduction of the inversion, but after a patient and careful manipulation for one hour, a greater length of time than generally deemed advisable, it was found necessary to abandon the attempt for that day, the rigidity of the cervix being too great to admit of reduction without injury to the parts. Upon consultation, it was then decided to introduce an elastic air bag, for the purpose of supporting the tumor, distending the vagina, and relaxing the rigid contraction of the cervix. The bag was inflated by means of a large syringe, and was allowed to remain twenty-four hours at a time, the parts being washed out, and the secretions removed each morning, before its re-introduction, by injections of warm water.

Morphiæ acetæ was ordered to allay irritability, and although the effort at reduction was, as stated, continued for an hour, it was followed by neither pain, fever, or inflammatory action.

On May 31st, Drs. DeFoe and Lyons again present, it was found that the air bag had been of great benefit both in supporting the tumor and distending and relaxing the parts, the ex-

treme rigidity of the os and cervix having in a great measure, disappeared. By request, as before, I made a second attempt at reduction, which, in thirty minutes, was completely successful.

After reducing the fundus almost within the cervix by manipulation, the operation was completed by means of an instrument, made as follows: A piece of wood was turned like a small top, with the larger end concave. To the smaller end of this was screwed an iron wire, three-sixteenths of an inch in diameter, having a suitable wooden handle, and the larger end was covered with a thickness of cotton batting, and this again with oiled silk. When finished, the instrument was of suitable size to pass easily through the os and cervix, and receiving the fundus in its cup-shaped cavity or depression, could follow it up, where the hand could no longer be used to advantage.

Before reduction, it was observed that the tumor inclined to the right side, and could not be brought to the median line of the body, hence, adhesions were feared, but immediately on reduction, the uterus was found to have assumed its proper position. For an hour or two after reduction, she complained of pelvic pains. For these, morphia acetate, in suitable doses, were prescribed and continued for twenty-four hours.

June 1—Pulse 70. No pain, fever, or inflammatory symptoms.

From June 2d to 5th, the pulse ranged from 66 to 60. Her appetite was good, bowels regular; she slept well, and the appearance of the cervix (June 5th) was nearly normal; menstruation had set in on May 30th, the day previous to the reduction, and afterward continued in a normal manner.

August 15.—The patient is now in perfect health; says she never felt better in her life. There has been no return of the displacement, and the cervix is normal in appearance. The cure is perfect, and seemingly, there is now nothing to hinder her bearing children again.

The only medication to which she was subjected was the use of morphia, as already stated, and subsequently, being anæmic from previous loss of blood, tinct. ferri chlor. gr. 30, ter die, was prescribed by Dr. DeFoe, and continued for some time.

The points of interest or importance to which I would direct

attention, apart from the length of time the inversion had existed, are the advantages gained from the use of the elastic bag—the support of the tumor, the distension of the parts, and relaxation of the cervical rigidity, and the direction in which the reducing force was applied—the *false axis* of the womb. Had it been made in any other direction, it would, in my opinion, have been unsuccessful.

GYNECOLOGY.

ITS IMPROVEMENT AND PRESENT CONDITION.

By M. M. PALLÉN, M. D., Professor of Obstetrics and Diseases of Females in the St. Louis Medical College.

(Continued from page 540.)

The great improvements which have been made of late years in the treatment of the diseases which are peculiar to females, arise from the means of diagnosis at our command. Previously to the discovery of the value of auscultation in affections of the chest, the diagnosis of thoracic diseases was obscure, and the treatment empirical, but now the former is clear, and the latter something more than empirical. No one now conversant with the matter, would confound a pleurodynia with a pleurisy, a bronchitis with a consumption, whilst he could well recognize the complications attending phthisis.

With the facilities now offered to the medical profession, the practitioner ought not to confound an enlargement of the womb with a prolapsus, or a retroflexion with a fibroid tumor. The means of ascertaining these and other various conditions are at his command, and all that is necessary is to learn how to use them, and having done that to treat them according to his best judgment, basing such judgment on experience, (whether the recorded experience of others or his own) and on philosophical deductions therefrom. One man can be considerably in advance of another. The Doctors Atlee were ahead of the distinguished Dr. Charles West, of London, in regard to the propriety and success of ovariectomy. He opposed the whole procedure, and

gave his reasons for it, in his work on the Diseases of Females, but in the last (3d) edition, he, after republishing his former objections, very candidly tells us why he has changed his opinions, and sustains the propriety of the operation. I quote the conclusion of his lecture on this subject :

“I cannot expect that the reasons which have seemed to me conclusive in favor of ovariectomy should appear to others equally cogent ; though I quite expect that the next seven years will, as the past has done, lessen the objections to its performance, and increase the evidence in its favor.

So long, however, as there continues to be room for difference of opinion on the subject, the caution is not superfluous which I ventured to suggest seven years ago, with reference to the grievous injury that is done both to the advance of medical knowledge and to the standing of our profession with the public, by the practice of treating some of these questions as though they were questions of moral right or wrong.

It would seem from what has sometimes been said on the subject, almost as if ovariectomy could not be defended save from some sinister end, nor its expediency be doubted except from a moral obliquity rendered excusable only by hopeless dullness. Belief in each other's integrity of purpose seems to me essential to our eliciting truth by discussion ; and I see no reason why I am to suspect another of being less mindful of our common duty to humanity, because he tries to relieve suffering or to prolong life by some means in which I have not the same confidence.”

It is entirely needless for me now to say anything of the advantages, nay, of the indispensable value of the speculum vaginæ in the diagnosis of uterine diseases. In my last number, I showed how its use had been opposed, but now all agree that it is absolutely necessary. Yet, there are many, I apprehend, who are not familiar with the great improvements which have been made in late years, in the construction and application of the instrument. It is an error to suppose that the speculum vaginæ was discovered by the celebrated Recamier in 1801, as stated by Becquerel.

By consulting a late work, ("Thomas on the Diseases of Women") the reader will find an "Historical Sketch of Uterine Pathology," and from it he will learn that Galen speaks of the speculum vaginae in the second century—that it was described by Aëtius, who flourished at Alexandria, in the sixth century, and that Ambrose Paré and Scultetus described them in the middle of the seventeenth century. To Recamier is due, however, the great merit of introducing it again in practice in 1818, and opening the way to the discovery of great and important truths.

It is not to be expected that in these short essays, I should describe the various specula in use, as it is my object solely to impress on my medical brethren the great improvements in late years.

The kinds of specula vaginae in use are tubular, of various shapes and substances, and various lengths, some being six or seven inches long—bivalvular and trivalvular and quadrivalvular, of similar lengths, and better ones, presently to be described.

The tubular specula have done a vast amount of good. With their aid, we have been able to distinguish inflammations, ulcerations and granular erosions of the neck of the womb.

If large sized ones be used, by stretching the superior portion of the vagina, the os uteri, if it be rendered patulent by disease, can be opened to a considerable extent, and a view of the interior of the cervix obtained. All these are great advantages, but there are some disadvantages attending its use. One is that sometimes it is with great pain that we can get the neck in the field of the instrument, at other times it cannot be effected at all, as where the uterus inclines to one side or the other, and for this reason, various instruments have been devised to pull the cervix into the open end of the speculum.

Another objection is, that these instruments are generally too long, (and this remark will apply to nearly all the valvular specula,) and they push the uterus entirely out of place. The length of the vagina is about three and a half inches in its posterior aspect, and about two and three quarter inches anteriorly, but it is very distensible, and the uterus very movable. Therefore, the latter is pushed out of place, and the medical attend-

ant does not get a view of it *in situ*, but out of its proper situation. No beveling of the end of the speculum will prevent this, and the trivalve and quadrivalves, are, when opened, nothing but tubes. To the ordinary bivalve, the insuperable objection is, that the walls of the vagina fall within it and obscure the view.

If a valvular speculum be used, it should be the instrument of Cusco. It is sufficiently long, and the blades being wide, the walls of the vagina do not fall between the blades, as in Ricord's speculum. The instrument has been somewhat modified by Prof. Thomas, of New York, and under certain conditions serves all the purposes of any speculum. Undoubtedly, however, the instrument which is the most valuable of all, and which has led to great improvements in gynecology, is Sims's speculum; invented after an accidental discovery, it has met indications which no others supply. With it the vagina itself can be examined thoroughly. The uterus is to be seen in its true position, not pushed upwards; with the aid of a little hook it can be brought downwards, so as to enable the observer to get the best possible view of the os and cervix, and last, not the least, it will permit a sound to be passed into the womb, which under other circumstances, could not be done at all. I do not wish to be misunderstood here. Sometimes a sound can be passed without any speculum. Sometimes Cusco's instrument will facilitate its introduction. Sometimes it can be passed with Sim's, (or with some of the modifications of his instrument,) only.

I have no doubt that the gynecologist who is familiar with all the improvements in this branch of medicine will smile at the earnestness of my remarks on this subject. He will say that I am writing about things every one knows to be true. But he is mistaken. There are many who are excellent practitioners, and believe they understand the diseases of the eye. But let them go into the office of the oculist, and examine his glasses of various powers, and his plates of letters of different sizes, and his ophthalmoscope, and see him submit his patient to the test of all these, he will probably feel that he has relied a little too much on a mere unassisted visual examination. So too, there are

many, too many, who treat uterine diseases from a mere detail of subjective symptoms. There are many, too many, who, whilst they acknowledge the necessity of learning all they can by the objective symptoms, rely exclusively on the touch and the revelations of a tubular speculum, six or seven inches in length, large in diameter at one end, and from three-quarters to an inch in diameter at the other, and the touch and such a speculum constitute the sole means of diagnosis which they use. It is for the benefit of these that I write these articles.

The only possible objection which can be urged against the use of the Sim's speculum, is one which was first suggested, (I believe,) by Sir James Y. Simpson; that it required an assistant, and he hoped that some one would improve it, so that it might be rendered self-sustaining. Several modifications of it with this view, have been made, and they display, no doubt, considerable ingenuity. But I must confess, that the objection, according to my mind, is more apparent than real.

I admit that the assistant should be instructed as to the manner in which she should hold the instrument. This can be readily done, and the only difficulty is in the adroitness of the medical attendant, in placing the patient in the proper semi-prone position, and in the adjustment of the instrument itself. It is by no means necessary to have a table to place her upon; a bedstead, drawn up before a window, can be used just as well; nevertheless, some of the modifications of the instrument have this advantage, that they can be held up by the patient herself, and in this case an assistant can be dispensed with.

Another great improvement in the diagnosis of uterine diseases is in the introduction of the sound. Sir James Y. Simpson is, in my opinion, entitled to the merit of being the first in its introduction into practice. The credit of this is, however, claimed for Huguier, of Paris, and Kiwisch, of Prague; Prof. Thomas informs us, however, that they "simultaneously revived an old method of diagnosis, which had been described in modern times by Lair, but had been allowed to fall into oblivion."

I shall not attempt to describe the different kinds of sounds that are used, nor the manner of their introduction; this can be

learned from the works on Gynecology. My object is to point out the value of the instrument. There are some who do not appreciate its utility; Prof. Scanzoni, of Wurzburg, observes:—"We would be far from denying to the sound all claims of utility for uterine diagnostic or therapeutic purposes. Still, a long use of this instrument, continued during several years, has convinced us that the advantages which it promised in its principle, are not so numerous or so great as one might be led to suppose. If, in our days, some practitioners suppose that exploration by the sound is indispensable for the certain diagnosis of the greater proportion of uterine diseases, we are convinced that this modern opinion will, for good reasons, be soon renounced for more true ideas on this subject."

No one claimed then, nor does any one claim now, that "it is indispensable for the certain diagnosis of the greater proportion of uterine diseases," but when the Professor says that "it is undoubted that the employment of this instrument will very rarely assist to establish the diagnosis of diseases which other modes of exploration cannot enable us to determine," I cannot agree with him.

I quote these passages from the American edition, which was translated from a French edition, which was translated from the German edition of 1856.

Whether there is any change in the opinions of Prof. Scanzoni, I do not know. He is a great authority, but how unphilosophical it is, to be bound down by the authority of a great name. Let the reader recollect the instance already cited of the two opposite opinions of Dr. Charles West. In regard to the opinion of Dr. Scanzoni as to the utility of the uterine sound, almost all *who are competent to judge* differ from him. The great weight of authority is against him, but even if it were not so, having used the instrument since its introduction into practice, I would still adhere to my own views, "as from the dictates of experience there is no appeal."

A vast deal has been said about its difficulties and dangers, and we are cautioned about its use. This is all very well—one ought to be cautious about all things. I am in the habit every

year, of cautioning my class about the dangers in the use of the forceps in delivery, and I, too often, see and hear of the bad effects of their application in the hands of the injudicious. Nevertheless, it is true that it is necessary sometimes to use them, many a valuable life being saved thereby.

A proper degree of skill will obviate, I imagine, all the supposed dangers attending the introduction of the sound into the uterus; sometimes it produces a little nausea,—so does the introduction of a bougie into the urethra of the male,—I have known men to faint outright from such a course. Dr. Simpson tells us that “In the average run of cases, the introduction of the sound into the uterine cavity is probably not more difficult to accomplish than the introduction of the catheter into the bladder of the female.” This is very true as regards the average number; but there are many cases, the diagnosis of which could not be ascertained in any other way than by the sound, when the introduction of the instrument such as Dr. Simpson’s, could not be effected at all, and where success is only to be obtained with a probe of flexibility and tenuity, aided by the use of Sims’s speculum and the hook; and herein consists a great improvement in our means of diagnosis. Now of what value in diagnosis is the sound or probe? This will be considered in the next number.

AN OBSCURE BUT INTERESTING CASE.

By JOS. ADOLPHUS, A.M., M.D., Logansport, Ind.

A pale, feeble, anæmic and emaciated lady, æt. 33, came under my treatment, suffering from a highly irritable condition of the nervous system, great muscular debility, and general prostration. Her pulse, when I saw her, was 120, very small, cordy, and quick; there was hyperæsthesia of the whole cutaneous surface, but more especially of the scalp, and over the right maxillary bone, inside of the nose, fauces, larynx and epiglottis; entire loss of appetite; great irritability of the spinal system of nerves; alternating diarrhœa and costiveness, and periods of de-

cided wakefulness. Her skin was not unusually hot, the thermometer never recording much increase over normal temperature; urine normal in quantity, with a density of about 1.180. There was great tenderness on pressure over the processes of the two last cervical, all the dorsal and the three first lumbar vertebræ, with some hyperæsthesia of the dorsal muscles. Respiration averaged twenty to twenty-four, and regular; thoracic organs apparently sound, the stethoscope revealing no abnormal sound, saving a little aspirant breathing over the scapular regions; no cough; no dullness on percussion; heart sounds normal, but there was "bellows sound" over the neck. She had uterine leucorrhœa, usually not very great in quantity, but occasionally copious, and sometimes yellow and offensive. The uterus was tender, with neck patulous, elongated and pale; no adhesions. At times great waves of depression would come over her, and all her symptoms would then be greatly aggravated. The rally from these would be slow, and would not extend beyond a well defined limit, at which all improvement would cease.

The history of the case was as follows: Three years ago she had an abortion at four months. Subsequently, there came on diphtheritic ulceration of the mouth and fauces, attended with slow diarrhœa, anorexia, emaciation and œdematous swellings of the feet and hands. Soon the sores in throat and fauces became phagedenic, with formation of false membranes in posterior nares. There was, also, much pain in the back, abdominal tenderness, nausea and great emaciation. She had been under the treatment of different physicians, and had been salivated three times; the last salivation was followed by the above mentioned ulcerations, and when she came under my care she was barely able to be about the house, quite unable to go upon the street, or take any exercise, and was obliged to be in the recumbent position a great portion of the day.

Was it a mercurial dyscrasia I had to deal with? Or was it a vicious condition of the whole organization, from slow malnutrition brought about by the shock of the abortion? I was put much to my trumps to determine, either the nature of the lesion

or the treatment to pursue, and, as the sequel will show, not without good reason.

My first effort was to subdue the frequency of pulse and relieve the nervous depression, and to meet these indications, I ordered aconite, quinine and valerian, and kept her on this combination for sixteen days, with little or no benefit. I then ordered cod-liver oil, and whiskey punch with egg, and gave her the potass. brom. and ferri pyrophos., in infusion of columbo. This she took for six weeks with considerable improvement in strength, but the pulse remained about the same; the anorexia, state of bowels, neuralgia, and other nervous symptoms were unimproved, all the appreciable change being an increase of strength, no doubt due to the cod-liver oil. I continued the "cod" for about three months, during which time she made some improvement; the pain was much mitigated, her nervous system was stronger, and her powers of endurance were decidedly greater, all doubtless from the oil, but her sleep and appetite were no better, and she decidedly refused to take any more "oil."

I now put her on iodide of potassa, 30 grs. three times daily. For the first week she was much annoyed by the medicine, for which she conceived a deep disgust. Indeed, she was growing tired of medicine altogether, and it was with a great deal of coaxing, I got her to continue the iodide. For the first ten days, I could discover no appreciable effect, but after she had taken about an ounce and a half of the salt, she commenced to urinate very freely, and singular as it may seem, although she passed *sixty-eight ounces* of urine in a day, the amount of solids per ounce was as great as when she passed but eight or ten ounces. In fifteen days she began to feel quite a relief from pain, and for three weeks improved rapidly; but then all improvement ceased; the iodide appeared to do her no further good; the urine decreased in quantity, and the proportion of solids in it diminished one-half; she again complained of pain in the lumbar region and great prostration of the muscular forces, and her tongue grew broad, thick, flat, red and fissured. I then determined to get her back to the cod-liver oil, as soon as possible. I did so, and then resumed the iodide, in twenty-grain doses, which was in-

gave his reasons for it, in his work on the Diseases of Females, but in the last (3d) edition, he, after republishing his former objections, very candidly tells us why he has changed his opinions, and sustains the propriety of the operation. I quote the conclusion of his lecture on this subject :

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Another great improvement in the diagnosis of uterine diseases is in the introduction of the sound. Sir James Y. Simpson is, in my opinion, entitled to the merit of being the first in its introduction into practice. The credit of this is, however, claimed for Huguier, of Paris, and Kiwisch, of Prague; Prof. Thomas informs us, however, that they "simultaneously revived an old method of diagnosis, which had been described in modern times by Lair, but had been allowed to fall into oblivion."

I shall not attempt to describe the different kinds of sounds that are used, nor the manner of their introduction; this can be

learned from the works on Gynecology. My object is to point out the value of the instrument. There are some who do not appreciate its utility; Prof. Scanzoni, of Wurzburg, observes:—"We would be far from denying to the sound all claims of utility for uterine diagnostic or therapeutic purposes. Still, a long use of this instrument, continued during several years, has convinced us that the advantages which it promised in its principle, are not so numerous or so great as one might be led to suppose. If, in our days, some practitioners suppose that exploration by the sound is indispensable for the certain diagnosis of the greater proportion of uterine diseases, we are convinced that this modern opinion will, for good reasons, be soon renounced for more true ideas on this subject."

No one claimed then, nor does any one claim now, that "it is indispensable for the certain diagnosis of the greater proportion of uterine diseases," but when the Professor says that "it is undoubted that the employment of this instrument will very rarely assist to establish the diagnosis of diseases which other modes of exploration cannot enable us to determine," I cannot agree with him.

I quote these passages from the American edition, which was translated from a French edition, which was translated from the German edition of 1856.

Whether there is any change in the opinions of Prof. Scanzoni, I do not know. He is a great authority, but how unphilosophical it is, to be bound down by the authority of a great name. Let the reader recollect the instance already cited of the two opposite opinions of Dr. Charles West. In regard to the opinion of Dr. Scanzoni as to the utility of the uterine sound, almost all *who are competent to judge* differ from him. The great weight of authority is against him, but even if it were not so, having used the instrument since its introduction into practice, I would still adhere to my own views, "as from the dictates of experience there is no appeal."

A vast deal has been said about its difficulties and dangers, and we are cautioned about its use. This is all very well—one ought to be cautious about all things. I am in the habit every

year, of cautioning my class about the dangers in the use of the forceps in delivery, and I, too often, see and hear of the bad effects of their application in the hands of the injudicious. Nevertheless, it is true that it is necessary sometimes to use them, many a valuable life being saved thereby.

A proper degree of skill will obviate, I imagine, all the supposed dangers attending the introduction of the sound into the uterus; sometimes it produces a little nausea,—so does the introduction of a bougie into the urethra of the male,—I have known men to faint outright from such a course. Dr. Simpson tells us that “In the average run of cases, the introduction of the sound into the uterine cavity is probably not more difficult to accomplish than the introduction of the catheter into the bladder of the female.” This is very true as regards the average number; but there are many cases, the diagnosis of which could not be ascertained in any other way than by the sound, when the introduction of the instrument such as Dr. Simpson’s, could not be effected at all, and where success is only to be obtained with a probe of flexibility and tenuity, aided by the use of Sims’s speculum and the hook; and herein consists a great improvement in our means of diagnosis. Now of what value in diagnosis is the sound or probe? This will be considered in the next number.

AN OBSCURE BUT INTERESTING CASE.

By JOS. ADOLPHUS, A.M., M.D., Logansport, Ind.

A pale, feeble, anæmic and emaciated lady, æt. 33, came under my treatment, suffering from a highly irritable condition of the nervous system, great muscular debility, and general prostration. Her pulse, when I saw her, was 120, very small, cordy, and quick; there was hyperæsthesia of the whole cutaneous surface, but more especially of the scalp, and over the right maxillary bone, inside of the nose, fauces, larynx and epiglottis; entire loss of appetite; great irritability of the spinal system of nerves; alternating diarrhœa and costiveness, and periods of de-

cided wakefulness. Her skin was not unusually hot, the thermometer never recording much increase over normal temperature; urine normal in quantity, with a density of about 1.180. There was great tenderness on pressure over the processes of the two last cervical, all the dorsal and the three first lumbar vertebræ, with some hyperæsthesia of the dorsal muscles. Respiration averaged twenty to twenty-four, and regular; thoracic organs apparently sound, the stethoscope revealing no abnormal sound, saving a little aspirant breathing over the scapular regions; no cough; no dullness on percussion; heart sounds normal, but there was "bellows sound" over the neck. She had uterine leucorrhœa, usually not very great in quantity, but occasionally copious, and sometimes yellow and offensive. The uterus was tender, with neck patulous, elongated and pale; no adhesions. At times great waves of depression would come over her, and all her symptoms would then be greatly aggravated. The rally from these would be slow, and would not extend beyond a well defined limit, at which all improvement would cease.

The history of the case was as follows: Three years ago she had an abortion at four months. Subsequently, there came on diphtheritic ulceration of the mouth and fauces, attended with slow diarrhœa, anorexia, emaciation and oedematous swellings of the feet and hands. Soon the sores in throat and fauces became phagedenic, with formation of false membranes in posterior nares. There was, also, much pain in the back, abdominal tenderness, nausea and great emaciation. She had been under the treatment of different physicians, and had been salivated three times; the last salivation was followed by the above mentioned ulcerations, and when she came under my care she was barely able to be about the house, quite unable to go upon the street, or take any exercise, and was obliged to be in the recumbent position a great portion of the day.

Was it a mercurial dyscrasia I had to deal with? Or was it a vicious condition of the whole organization, from slow mal-nutrition brought about by the shock of the abortion? I was put much to my trumps to determine, either the nature of the lesion

or the treatment to pursue, and, as the sequel will show, not without good reason.

My first effort was to subdue the frequency of pulse and relieve the nervous depression, and to meet these indications, I ordered aconite, quinine and valerian, and kept her on this combination for sixteen days, with little or no benefit. I then ordered cod-liver oil, and whiskey punch with egg, and gave her the potass. brom. and ferri pyrophos., in infusion of columbo. This she took for six weeks with considerable improvement in strength, but the pulse remained about the same; the anorexia, state of bowels, neuralgia, and other nervous symptoms were unimproved, all the appreciable change being an increase of strength, no doubt due to the cod-liver oil. I continued the "cod" for about three months, during which time she made some improvement; the pain was much mitigated, her nervous system was stronger, and her powers of endurance were decidedly greater, all doubtless from the oil, but her sleep and appetite were no better, and she decidedly refused to take any more "oil."

I now put her on iodide of potassa, 30 grs. three times daily. For the first week she was much annoyed by the medicine, for which she conceived a deep disgust. Indeed, she was growing tired of medicine altogether, and it was with a great deal of coaxing, I got her to continue the iodide. For the first ten days, I could discover no appreciable effect, but after she had taken about an ounce and a half of the salt, she commenced to urinate very freely, and singular as it may seem, although she passed *sixty-eight ounces* of urine in a day, the amount of solids per ounce was as great as when she passed but eight or ten ounces. In fifteen days she began to feel quite a relief from pain, and for three weeks improved rapidly; but then all improvement ceased; the iodide appeared to do her no further good; the urine decreased in quantity, and the proportion of solids in it diminished one-half; she again complained of pain in the lumbar region and great prostration of the muscular forces, and her tongue grew broad, thick, flat, red and fissured. I then determined to get her back to the cod-liver oil, as soon as possible. I did so, and then resumed the iodide, in twenty-grain doses, which was in-

creased to thirty grains, three times a day. After she got fairly under the influence of the "cod," everything went on finely; all the symptoms were rapidly ameliorated, and in six weeks she was able to "knock 'round considerable." Her leucorrhœa got well, the hyperæsthesia ceased, and her appetite returned; she had now gotten to like the oil, and under its use continued to improve both in health and strength.

The case was under treatment nearly seven months, and proved a decidedly interesting one. I have condensed the report, but have faithfully recorded both the treatment and its result, and would suggest, without further comment, that its careful perusal will furnish "food" for the thoughtful mind.

The iodide of potash appeared at first, while the system was unsupported by sufficient food, to cause too rapid and too great waste; disintegration of tissue, and shock and exhaustion were the results; and this lack of food—want of appetite—was from weakness of the molecular life-forces. Under these circumstances, the re-administration of the cod-liver oil, at this critical period, was an important move, and really laid the foundation for the cure. The oil doubtless afforded to the exhausted nutrient forces a suitable pabulum from which to work a repair of the degenerated organism, by building up healthy tissues.

ACUTE ARTHRITIC RHEUMATISM

TREATED WITH LARGE DOSES OF OPIUM.

By W. R. SAMPLES, M. D., Assistant Physician, City Hospital, St. Louis, Mo.

John Falk (colored), a house-servant, aged 16, was admitted to the Hospital, Sept. 28th, suffering from a highly acute attack of rheumatic fever, with a high grade of arthritic symptoms. He had been suddenly attacked, a few days previous, whilst engaged in his usual avocation. When admitted, his condition was as follows:—Pulse, 110; skin harsh and dry, with the most excruciating pains, seemingly in every joint; the heart symptoms indicated pericarditis with effusion; bowels constipated (no movement

during preceding 48 hours); urine dark colored, and loaded with urates, with a strong odor of turpentine, a large dose of which had been administered by his employer. By direction of Dr. Clark, the resident physician, he was immediately ordered a full dose of sulphate of magnesia to unload the bowels, and a grain of opium every hour to relieve the pain, which seemed almost intolerable. For ten hours he obtained no relief from his sufferings, but then fell into a comparatively quiet slumber, which lasted about three hours, but upon awaking his pain was aggravated to such extent that he was unable to bear even the weight of the bed clothes. The opium pills were now renewed and continued for forty-eight hours, the nurses watching him with great care all the time, when, very little sleep having been procured, and the pains continuing most intense, at the suggestion of Dr. Clark, the opium was ordered to be increased to two grains every hour, to be continued until narcotism was produced or relief afforded, (the nurses giving him constant attention,) and then diminished or discontinued at intervals, or entirely, as his condition justified or required. When he was fully under the influence of the drug, it was omitted for intervals of from two to four or five hours, but immediately renewed upon indications of returning pain, and it was not until the large amount of 340 grains had been administered that entire and permanent relief was effected. Throughout, his face and lips were much swollen, and the latter were so completely denuded of epithelium that they presented much the appearance of raw beef; the tongue was dry and red, and his appetite so impaired, that the only nourishment he would take was a very small amount of crackers and tea.

Save the occasional administration of sulphate of magnesia, to keep the bowels open, he took no other medicine than opium until all pain and inflammatory symptoms had ceased, when, being very emaciated, he was put upon tonics and beef tea, and on the tenth day after the subsidence of the pain, he was able to sit up in bed. At this time (Nov. 20th) he is quite convalescent, and is rapidly regaining his normal strength and flesh.

The case is remarkable, both in the tolerance of such large and continuous doses of opium, and in evincing the happy effect of

this drug in a rheumatic fever presenting such marked heart-symptoms, and intense and general arthritic trouble.

I have also treated, successfully, five other cases of rheumatism in the same manner, but neither of them of such severity, and therefore, of course, getting a much smaller quantity of opium.

CHANCROID AND GONORRHEA

SUCCESSFULLY TREATED WITH CARBOLIC ACID.

By J. C. WHITEHILL, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine, in the Humboldt Medical College, St. Louis, Mo.

As the use of carbolic acid, as a therapeutic agent, is at the present time largely engaging the attention of the profession, a report of the following cases may not be devoid of interest. About the first of October, I was consulted by a young woman for a "sore" upon her genitals. Upon examination I found two small chancroids on the labia, and another on the nymphæ, all, evidently, secondary to a much larger one—more than an inch in diameter—on the os uteri and adjacent portion of the vagina. Having used a solution of the acid in glycerine, with most satisfactory results, in several cases of simple ulceration of the os uteri, and also as a "dressing" on chancroids, after cauterizing with nitric acid, I determined to try its effect, in this case, as a curative agent. To the large ulcer on the os, with the aid of the operculum, and a pledget of lint held by a long dressing forceps, I applied a saturated solution of the acid—in fact, *the pure deliquesced acid*—and in addition, applied to it, a small pledget of lint moistened with the acid, carefully protecting the surrounding parts by a pledget of dry lint, to which a thread was attached to facilitate its removal, and after a careful and thorough application to the external sores, directed her to remove the lint in about an hour, and then, after thoroughly washing the parts with tepid water and castile soap, to dress the sores with lint, moistened in a solution of carbolic acid, 10 grains, and aqueous extract of opium, 20 grains, to an ounce of glycerine. In order to make assurance doubly sure, and secure, as she said,

the full benefit of the medicine, the acute pain having subsided, she suffered it to remain about five hours, and as a consequence the continued presence of the acid in the increased secretions flowing over the vaginal mucous membrane, excited an acute inflammation and a considerable excoriation of the external parts.

When I saw her, the next morning, she had quite a high fever, considerable tenderness over the lower portion of the abdomen, with some vesical irritation and severe pain in the back. The parts were also much swollen, and so excessively sensitive that a vaginal examination was impossible; she could hardly endure the least manipulation. I immediately placed her on general antiphlogistic treatment, and ordered the constant local application of a saturnine lotion with aqueous extract of opium, and the vagina to be injected with the same as soon as she could bear the introduction of the syringe.

It was not until the fifth day that she could endure the introduction of the speculum, and then only with considerable pain. By this time the excoriation was relieved and the external chancroids were nearly healed, and to my agreeable surprise, the internal, that on the os uteri, presented the appearance of a simple abrasion. The sensitiveness of the parts continued for some days longer, but by the seventh day from the application of the acid, not a vestige of the specific lesion remained.

While this case was under treatment, I was consulted for an acute urethral gonorrhœa, of between two and three days' duration. The discharge was not yet copious, but the pain during micturition was very intense. So pleased was I with my chancroidal experiment, and having noticed that the effect of the acid was to arrest all further suppuration, I determined to try it also in the gonorrhœa, and in order to do so satisfactorily, the remedy (the solution of the 10 grains to the ounce) that I had ordered for the chancroidal "dressing," being at hand, I injected it myself. The inflammation and congestion was such that the most careful introduction of the syringe—an ordinary half ounce male instrument—caused very severe pain, and quite a little hemorrhage, but nevertheless, I carefully injected about half an ounce. The pain was of course acute, but I caused the

injection to be retained for about ten minutes, and then, having previously caused the bladder to be evacuated, directed that micturition should be *abstained from as long as possible*. A saline cathartic was ordered, fomentations applied to the perineum and the patient requested to drink freely the infusion of flax-seed with potassa bitartras. The next morning the symptoms were much relieved; an injection of about one-half the strength was now used, and repeated in the evening, and by the third day the urethritis had entirely subsided.

A few days later I was called to see a case of chronic gonorrhœal vaginitis, of several months' duration. The entire vaginal mucous membrane was involved, and was covered with a thick, rather tenacious, muco-purulent offensive secretion of a greenish yellow color, as was also that of the cervix uteri, upon which there were also several superficial abrasions. After a thorough cleansing of the parts with soap and warm water, I introduced a tampon of cotton, saturated with a solution of acid carbolic, ℥j; aq. ext. opii, ℥ss, to glycerine, ℥j, which was renewed twice daily, each time after a thorough cleansing by copious injections of tepid water. The character of the secretion was immediately changed, but at first largely increased in quantity. This, however, gradually decreased, and in ten days the patient was discharged cured. To facilitate the removal of the tampon by the patient, a strong thread was attached before insertion, and to insure the proper use of the remedy, I attended to the insertion once daily myself.

It is probable that the cure would have been more prompt in this case, had the proportion of the acid been larger, but as it was, the remedy was more efficient than any other that I have yet used in similar cases.

PROCEEDINGS OF MEDICAL SOCIETIES.

ST. LOUIS MEDICAL SOCIETY.

Extracts from the Proceedings of the Society, reported for the Medical Archives
by G. HURT, M. D., Librarian and Acting Secretary.

SUNSTROKE.

Dr. Thos. Scott read a paper on sunstroke, and the effects of heat on the system, and illustrated his views by the detail of cases resulting from direct exposure to solar heat during the past summer, and others, in which the same symptoms were manifested, without any exposure to the rays of the sun. The treatment consisted principally in placing the patient in the horizontal position, in a cool, well ventilated place; cold sponging of the head and chest; sinapisms and friction to the extremities, and the internal administration of spr. ammon. aromat. and ether sulph., followed, when reaction was established, with calomel and quinia, and was eminently successful in every case, notwithstanding several were in a seemingly hopeless condition when he first saw them.

URINARY CALCULUS.

Dr. Spinzig presented a specimen of urinary calculus, of the unusually large size of three inches and three-eighths in its long diameter, for the removal of which he had performed the operation of lithotomy (lateral incision) on the 25th of June last, after which, the patient, a young man of twenty-one years of age, made a speedy and perfect recovery. In detailing the history of the case, he called attention to a possible source of error in the diagnosis of the size of urinary calculi, which was encountered in this case—the saculation of the stone in the *bas-fond* of the bladder, in such manner that the sound could come in contact with but a small portion of its surface,—a condition which can alone be determined by rectal examination.

In regard to the various surgical procedures for the removal of calculi, he considered lithotomy the most reliable, and quoted authenticated statistics as to the comparative merits of lithotomy and lithotripsy, showing that the mortality from the latter was much greater—sometimes double the per centage—than from lithotomy. He also favored the lateral incision, claiming that neither the median, nor the similinear incisions afforded any advantage over the old method. Lithectomy he warned against as a most unreliable therapeutical procedure. He also referred to the inconvenience he had encountered in this case, in extracting the stone on account of the large size, and recommended, that if, after completing the incision, the stone be found so large as to endanger rupture of the bladder, or injury to the rectum during extraction, that lithotripsy be resorted to before its removal.

CHOREA.

Dr. Thomas Scott reported a case of chorea which he had treated successfully with the bromide of potassium. The patient was a young married woman, aged eighteen, and pregnant. About a month after her marriage she was attacked with chorea, and hearing of the wonderful cures (?) performed by a certain quack magnetic doctress, had applied to her for relief, but under her treatment had every day grown worse, until finally, when the Doctor saw her, after having been under the magnetic treatment (?) for several months, she was in a most pitiable condition; the contortions of her face were hideously ludicrous, and of course painfully unpleasant, both to the patient and her friends. She had, for some time, been unable to sleep much, on account of the constant motion of the arm and leg, and was quite unable to feed herself. Her bowels were constipated, for the relief of which he ordered a cathartic, and placed her upon potass. bromid., gr. x, and ext. conii, gr. ij, three times daily, and never had he from any remedial agent derived more satisfactory results. The patient, he said, was now in such condition as to give prospect of a speedy and permanent cure.

Dr. Hurt said that the subject of chorea was one of interest, on account of the vagueness of its pathology. In the case related by Dr. Scott, the question presents itself, as to what extent

the credit given the bromide is due to the cathartic, as it is pretty well established that a loaded or constipated condition of the bowels, or the presence of scybala, may by a reflex action produce chorea, and of course the removal of the cause would relieve the symptoms. But, he said, chorea might be produced by menstrual derangement, or by other causes. Fortunately the affection had by no means a fatal tendency. The only fatal case that had ever occurred in his practice, was that of a young lady, in whom it was the result of the shock produced by falling into a pond of water. He prescribed for her tonics and opium (the bromide of potassium was not then in use) as he had done, successfully, in other cases. The opium apparently soothed her for a time, but as its effects wore off, the chorea would manifest itself more violently; and she finally died from loss of sleep and nervous prostration. He had lately treated successfully, a case, epileptoid in character, with sulphate of zinc. He had great confidence in the efficacy of this remedy.

Dr. Scott stated that he had carefully inquired into the history of his patient. She had first menstruated between fourteen and fifteen years of age, and was afterward quite regular, and, until after her marriage, had always enjoyed excellent health. The disease was evidently not caused by menstrual irregularity, nor did he think it was produced by constipation, or the presence of scybala, but that it most probably resulted from excessive venereal excitement.

Dr. A. F. Barnes said that he had recently discharged a case of chorea, in which the bromide of potassium had afforded the most happy results—had acted almost like a charm. The patient, a girl of ten years of age, had been previously treated unsuccessfully with Fowler's solution.

Dr. Watters had tried the bromide in one case of chorea, without success, but he had found it highly beneficial in several cases of epilepsy, in one of which, it had prevented a recurrence of the paroxysms for at least a year.

Dr. Whitehill thought we were too much disposed to consider diseases as entities *per se*, and prescribe for them accordingly, forgetting the fact that many "diseases," so called, were but the

symptoms of disease—the signs or expressions by which disordered conditions of the organism manifested themselves. But inasmuch as like symptoms *may* result from the most diverse and dissimilar causes, it was evident, that, although certain symptoms may be well defined and persistent, still the lesion producing them may remain obscure, and particularly is this the case in regard to the neuroses; hence the necessity, not only of a rigorous interrogation of the symptoms, but also of, as far as possible, acquainting ourselves with the antecedents,—the complete history—of every case of this kind. Chorea was unquestionably symptomatic of disordered innervation, but of the pathology of the lesion we must at the present acknowledge our ignorance. It is met with in the most diverse conditions of system, and is seemingly the result of the most varied causes. Of course, the rational treatment is, first, to ascertain and remove if possible the exciting cause, and then treat the symptoms and conditions that present themselves. Most of the cases he had seen, were directly traceable to fright, and he had found no remedy in such cases that yielded such satisfactory results (he had not tried the bromide of potassium) as the *cimicifuga*, with the salts of zinc or iron, and the cold douche. One case that he now recalled, was that of a robust, healthy young lady, who, almost upon the eve of being married, was so terrified at the prospect of being caught in a storm on the prairies, that, upon reaching her home, she was taken from her horse in an almost fainting condition, and chorea was almost immediately developed. The jactitation seemed to affect, more or less the whole body, and was more severe and general, than in any other case he had ever seen. A douche was extemporized by placing her in a large tub, and dashing the water on her with tin cups, after which she was rubbed dry with coarse towels. With this twice daily, and the *cimicifuga* with valerianate of zinc, she rapidly improved, and was soon so far recovered as to justify her marriage, when, that which Dr. Scott considers to have been the cause in his case, consummated the cure in this. In another case, in which there was decided anæmia, and excessive nervousness, a young lady of about sixteen, he substituted iron for the zinc, and the shower bath for the douche, with equally satisfactory

results. In almost all cases he thought it would be proper in the onset of the treatment, to clear out the *primæ viæ* with a brisk cathartic, after which, the condition of the bowels should receive constant attention, as also the secretions generally. Complications should of course be treated on general principles.

Dr. Spinzig advanced a theoretical opinion as to the pathology of the affection, and from his deductions favored the use of bromide of potassium in its treatment. He had used the bromide satisfactorily in a case of hemiplegia, which he thought had resulted from a fatty degeneration in some portion of the sympathetic or ganglionic nervous system.

Dr. Hammer said that it was now pretty well established that a physiological action of bromide of potassium was the determination of a less amount of blood to the brain, and as a consequence, in cases where there was hyperæmia of that organ the bromide would be of especial benefit, and for the same reason it would prove inefficient where there was already anæmia. He deemed Fowler's solution an excellent remedy in chorea, and had heard Dr. Mott say that it would effect a cure in almost every case.

CONSTITUTIONAL SYPHILIS TREATED BY HYPODERMIC INJECTION.

Dr. Hammer reported further satisfactory results from the hypodermic injection of one-eighth grain doses of the bi-chloride of mercury dissolved in water, in constitutional syphilis. Since the report of the first case in which he had tried the remedy (the patient in the City Hospital), he had used it in several cases in private practice, with most remarkable effect. Under the use of the remedy once daily, the worst symptoms rapidly disappeared. In this treatment there is said to be less danger of unpleasant local effects—inflammation, suppuration and abscess—if the injections are made through the thicker skin over the loins.

FRACTURE AND DISLOCATION.

Dr. Hammer also reported a case of fracture of the lower third of the fibula, complicated with an oblique longitudinal fracture, with anterior displacement, of the anterior portion of the internal maleolus with a small portion of the anterior surface of the lower

extremity of the tibia, and luxation of the ankle joint. The accident had occurred to a gentleman, from his foot catching in a wheel, while alighting from a carriage. He was called to the case a day or two after the accident. From the nature and extent of the injury, he considered it questionable whether the joint could be saved—whether, even could co-aptation of the displaced fragment be effected, the injury to the contused soft parts, from its sharp angle, would not result in suppuration or gangrene and ultimately necessitate the removal of the fragment, or possibly amputation. He succeeded however in satisfactorily adjusting the parts, applied a compress and bandage to retain them *in situ*, and ordered ice water to be regularly applied to allay the inflammation. Ten days after, he applied a plaster of paris splint, and on the thirty-second day discharged the patient with good use of the joint.

CHANCROID, GONORRHOEA AND GLEET TREATED WITH CARBOLIC ACID.

Dr. Whitehill reported a case of chancroid, and two cases of gonorrhœa, which he had treated successfully with carbolic acid. [See page 595.]

He also stated that he had, about a week since, been consulted for a case of gleet, of over two years' duration, that had resisted the treatment of several gentlemen of ability in this city. He had ordered, internally, tr. ferri chlor., gtt. x, and tr. canthar. gtt. v, three times daily, in sweetened water, and the injection morning and evening, with a long-nozzled syringe, of a half ounce of a mixture of carbolic acid, ℥j, aq. ext. opii, ℥ij, and glycerine, ℥iij, to infus. matico, ℥v; the injection to be used after fully evacuating the bladder and to be retained at least ten minutes, and then micturition to be avoided as long as possible. He had seen the patient just before coming to the Society, and learned from him that the first morning after the use of the injection the discharge was very materially increased; the second morning it was still increased in quantity, but no longer purulent; the third morning there was no discharge perceptible; on the fourth, there was "about a half drop, that looked like the white of an egg," and since then (two mornings), there had been none. The injection produced no pain or discomfort. Of course, he could not

yet report this as a cure, but the case certainly seemed very materially benefited,—more so than he had expected in so short a time.

He said that since prescribing the remedy in the above form, he had noticed in the Transactions of the Illinois State Medical Society that Prof. Andrews, of Chicago, had used, with success, in the treatment of gleet, an injection of one part of carbolic acid to three parts of linseed oil. This caused severe pain, but had proved eminently successful.

Dr. Wm. Johnston thought the therapeutic virtues of carbolic acid had been very greatly over-rated, and strongly denounced what he termed the tendency of the profession to become infatuated with new remedies. He had known, during his professional experience, several such, the praises of which had been as widely heralded as those of carbolic acid now are, but they had long since passed into disrepute. Carbolic acid, he said, was but a new form of an old remedy—creosote—with which the profession had long been familiar. He had tried the acid in a case of ozœna, without a particle of benefit. In its concentrated form he believed it a mere caustic, and, as such, not as efficient as others that he mentioned; more diluted, it was but a stimulant, and, as such, by no means superior to others long since in use. In reply to an interrogatory, he said that he had had no experience with it other than in the case of ozœna.

Dr. Leete had seen it used in many cases in Dr. Gregory's practice in the Sister's Hospital, and had seen some really wonderful results from its use, both in incised and punctured wounds, in compound fractures, and in severe lacerations and contusions. Its effects in such cases were certainly very different from those of any other agent with which he was familiar. He did not know whether it prevented suppuration or not, but was inclined to think it diminished it.

Dr. Dean thought the disease selected by Dr. Johnston for a trial of the remedy a very unfortunate one. Every one familiar with ozœna must know how difficult it was to bring the remedy in contact with every part of the diseased membrane. Carbolic acid,

in his experience, had proved very different in its effects from those to which Dr. J. had compared it.

Dr. Hammond said that a highly scientific gentleman, a chemist, had informed him that he had cured himself of a gonorrhœa by the use of an injection of two drops of the deliquesced acid to the ounce of water.

Dr. Montgomery thought Dr. Johnson had been unfortunate in selecting ozœna to test the efficacy of the acid. Scarcely any other affection had proved so intractable in his hands as ozœna. While he had no doubt the value of the acid, as a therapeutic agent, was somewhat over-rated, it certainly was a very valuable remedy, and its action, in many respects at least, very different from those with which Dr. Johnston had compared it. In his hands it had proven more efficient in the treatment of fresh wounds than in any other class of affections; and he could say, from experience, that in such cases it certainly did arrest or prevent suppuration, and favor prompt healing. In evidence of this he related the case of a servant girl, who had, by accident, cut her arm very severely. There was free hemorrhage, and she had severe pain. He applied the strong deliquesced acid, which arrested the pain and hemorrhage, and bound up the arm, and to his astonishment, found the wound, next morning, almost entirely healed, without any suppuration. He had not, however, found the acid as efficient in the class of cases referred to by Dr. Whitehill, as the permanganate of potash, which he had used most satisfactorily, not only in chancroid and gonorrhœa, but also in numerous obstinate cases of leucorrhœa.

[The permanganate of potash was, we believe, first used in chancroid, by Dr. Hinkle, of Columbia, Penn., by whom it was also first used, during the late war, in hospital gangrene. After a report upon the subject to the Surgeon General, U. S. A., the results of his experiments were subsequently published in the Am. Med. Times, Nov. 23, and Dec. 26, 1863.]

TRANSACTIONS OF STATE MEDICAL ASSOCIATIONS.

A REVIEW.

By E. A. CLARK, M.D., Resident Physician, City Hospital.

TRANSACTIONS OF THE EIGHTEENTH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY, held in Quincy, May 19th and 20th, 1868.

This publication, with a few exceptions, is less interesting than any previous "transactions" of this Association that we have had an opportunity to examine. It is also much smaller, containing only 109 pages, but this is probably owing to the very small attendance of members, an apparent lack of interest manifested in the meeting and its transactions that is certainly to be regretted.

Among the officers of the present meeting, we notice the names of Dr. S. T. Trowbridge, of Decatur, as President, Dr. Hollister of Chicago, Treasurer, and Dr. T. D. Fitch of Chicago, assistant Secretary; Dr. N. S. Davis, as is well known, has been permanent Secretary of this Association for several years. The next meeting of the Association is to be held at Chicago, on the third Tuesday in May, 1869.

Among the official transactions of the Society, we notice the passage of a resolution, by a unanimous vote, calling upon all the medical schools of the State to adopt as soon as practicable, the plan of teaching recommended by the recent Teachers' Convention in Cincinnati.

We notice, also, an advance in their parliamentary regulations, which we think decidedly in the right direction; that is, that the term of office of the President and Vice Presidents, shall commence at the opening of the next annual meeting after their election. Another well directed movement on the part of the Association, is the continuance of their Committee to memorialize their Legislature to legalize dissections, which we think should be at least tolerated by the laws of every State.

Among the reports of the different sections of the Association,

we notice a few papers of some interest, though on the whole, we observe but little scientific matter that is really new and not already generally known to the profession. The report on Epidemic Cholera, by Prof. N. S. Davis, comprehends a well considered view of this subject. But as the paper has already been published in the Chicago *Medical Examiner*, doubtless the readers of this Journal are already familiar with its contents, so that we need not refer to it further in this place.

Dr. F. O. Earle, of Chicago, presents a well written and lengthy article on spinal curvatures, though his views are much the same as those of Lee and Taylor, which have already been published. The writer agrees with Dr. Lee, in the opinion that the disease, in most cases, originates in the intervertebral discs, and recognizes for it, Dr. Lee's new name of arthro-chondritis. He offers nothing new in the treatment, but insists upon mechanical support being resorted to in every case, as early as possible. In selecting an apparatus for this purpose, he very much prefers that of Dr. C. F. Taylor, of New York.

Prof. E. Andrews of Chicago, presented a paper describing what is probably a valuable improvement upon Desormeaux' endoscope, to wit: an increase of the brilliancy of the light, by burning a magnesium wire in the flame of the lamp. The writer states that the light is increased to such an intensity, that he can compare it to nothing but the brilliancy of a noon-day sun. This being true, we certainly have a very valuable instrument for the examination of certain cavities and passages of the body, beyond the reach of ordinary vision. Dr. Andrews, in his observations, with this improved light, upon the urethra, has determined that granular conjunctivitis and the condition of the urethra in chronic gonorrhœa or gleet, present exactly the same appearance; and in support of their pathological identity, he adduces evidence of gonorrhœa, or granular erosion of the urethra, having been produced by inoculation with the pus from granular conjunctivitis and *vice versa*. This writer states also, that he has treated these cases of gleet by injections of one part of carbolic acid to three of linseed oil, with remarkable success. The remedy, he says, is severe and painful, but it

seldom fails to effect a cure, with but few applications. In comparing the analogy of these diseases, he accounts for stricture of the urethra following gonorrhœa, by a contraction, in the same manner that we have entropium from granular conjunctivitis.

Probably the most interesting and practical paper presented to the Association is one by Dr. David Prince, of Jacksonville, on Lithotomy. This writer quite ignores the operation of incising the prostate, except in cases where the stone is of extremely large size; even then, he thinks it preferable to tear the prostate by dilatation rather than incise it with the knife, for the reason that the more yielding fascia and cellular tissue will give way without lacerations, and again return to their natural position. This writer has recently operated successfully upon a patient 31 years of age by the median incision, in which the calculi were known to be large. After entering the bladder he found three calculi, two of which, measuring $2\frac{1}{4}$ inches each in diameter, were removed at a single grasp. He says, "there was no difficulty in dilating the prostate to this extent; and if it was torn, there is no remaining evidence of it." Now we agree with the writer in the opinion that calculi of this size may be removed by dilatation, without cutting, or perhaps even lacerating the prostate. But we cannot understand why he should have selected the median incision, when he knew the stone to be large, and thus for want of sufficient space to make his straight incision, was compelled, as he states, to lacerate the perineum in order to extract the stone without lateral incisions. In fact we cannot see why the risk of the median incision should be decided upon in any case, when the only advantage claimed for it, is, that we avoid the danger of cutting the internal pudic artery; for it must be apparent to every surgeon, with a sufficient knowledge of anatomy, that this artery is so well protected behind the rami of the pubes and ischium, that it would even require some degree of dexterity in the operator to cut it if he desired, in making the lateral incision, which we consider preferable in all cases. While there is no doubt that small calculi may be removed quite as well by the median incision as by the lateral, yet, considering the difficulty in determining the size of the stone before the operation, we should

be disposed to doubt the advisability of this method in any case, so long as there are no more serious objections urged against the lateral incision than merely the danger of wounding the pudic artery; for if, after the median incision is made, the stone be found to be of a large size, we cannot extend the incision through the prostate in the median line, without severing the ejaculatory duct, nor can we risk tearing the parts in that direction for the same reason; so we are at last compelled to make a lateral section of the prostate, if we incise it at all; or, if we succeed in dilating the prostate sufficiently to extract a stone of large size by the median incision, we are compelled to make a transverse section of the perineum to avoid its laceration, as occurred in the case mentioned above.

In conclusion, Dr. Prince decides upon the lateral incision as the most practicable, but does not associate with it, incision of the prostate, which he thinks ought to be avoided in all cases, and the extraction of the stone effected by dilatation with the finger and forceps. This method of operating accords fully with our own experience. In alluding to some cases reported by us as operated upon by dilatation, Dr. Prince has given us too much credit, by stating that we had devised an instrument to dilate the prostate and neck of the bladder. We did not use any special instrument for this purpose, but stated that we effected the dilatation by means of a long polypus and bullet forceps, the same with which the calculi were afterwards extracted, not being provided at the time with proper lithotomy forceps. In addition to our own experience, we have recently witnessed three successful cases operated upon by Dr. J. T. Hodgen, of this city, in none of which was the prostate cut. The cases were as follows: First, a child five years of age, the stone measured one inch in diameter. In the second, a child aged nine years, the stone measured one inch and a quarter in diameter. In the third, a fleshy corpulent patient, aged fifty-three years, the stone measured two and a half inches in diameter. In all of these cases, the Doctor assures us, he did not cut the prostate, and in the last one, notwithstanding the very large size of the calculus, he has no knowledge of having torn the prostate or lacerated the perine-

um, and the subsequent condition of the patient did not indicate any injury having been done to the prostate. He performed the lateral operation in all of these cases. This operation has been condemned by some as not practicable, because, that in attempting to dilate the prostate to any considerable extent in the cadaver, it was followed by laceration; but this is by no means conclusive evidence, as after the *rigor mortis* has been established, of course all the soft parts lose much of their elasticity, and in their rigid condition will tear before they will yield. We have tried this experiment ourself upon the rigid cadaver, and found the prostate very difficult to dilate, but readily torn. We have also tried the same experiment upon the dead subject half an hour after death, while the body was still warm and the tissues flexible, and found the prostate much more readily dilated than in the rigid subject, so that a body two inches in diameter could be readily extracted without lacerating any of the tissues. Now if this be the difference in the two conditions after death, the tissues must be much more dilatable during life, and especially with the patient under the influence of an anæsthetic.

TRANSACTIONS OF THE TWENTY-THIRD ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY, held at Delaware, June 2d, 3d, and 4th, 1868. Published by A. Abrahams, Cincinnati.

Among the list of officers, we notice the name of Dr. A. Dunlap, of Springfield, as President; also, Drs. W. C. Hall, of Fayetteville, J. N. Beach, of West Jefferson, Secretaries, and Dr. J. B. Thompson, of Columbus, Treasurer.

This "Transactions" comprises 200 pages of matter, more interesting than most of such papers that we have observed. Aside from the routine of official proceedings, the volume consists of interesting essays upon well selected medical subjects, some of which were presented by gentlemen well and favorably known to the profession. Among these, we notice a report on amputations, by Dr. R. S. Sweeney, of Marion, who gives a very interesting resumé of the history of this class of operations. In the manner of amputating he decides very positively in favor of the flap operation in preference to the circular, not

only because it can be performed more rapidly and makes a much better cushion for covering the end of the bone, but in that it is much better adapted for the adjustment of the artificial limb. This latter fact is confirmed by report of a Commission convened in New York, in 1862, by direction of Surgeon-General Hammond, consisting of over a dozen manufacturers, who unanimously agreed that stumps formed by the flap method possessed advantages in every respect better adapting them for adjusting artificial limbs. He also revives the amputation of the knee joint, which for so long a time has comparatively fallen into disuse, and argues in favor of the operation, that there is less danger of pyæmia from the fact that the medullary canal has not been opened; that there will be less danger of exfoliation of the end of the bone; that the patient will have greater advantage in controlling the movement of an artificial limb because a less number of muscles will be severed in this operation, and finally, that by statistics of one hundred and eighty cases of amputation at the knee-joint, the mortality is shown to be 7 per cent. less than by amputation at any point in the shaft of the femur. In amputation at the hip-joint, he speaks favorably of Prof. Lister's plan of compressing the abdominal aorta, which has been admirably successful in every case, and has thus shorn this formidable operation of many of its terrors. The writer has also devised an improved method of arresting hemorrhage, in amputations, by acupressure, which we think is an improvement upon the plan of Prof. Simpson. It consists in passing a straight needle through the body of the flap, entering its inner side at a point close to the end of the artery, the needle being made with an eye close to its point, and armed with a wire, both ends of which are allowed to remain external; a loop of the wire is then withdrawn from the eye of the needle, on the inner side of the flap, and the end of the artery placed within this loop and there retained with a forceps, or the thumb and finger, while the needle is withdrawn, disarming itself after reaching the surface; the two ends of the wire which remain external are now twisted sufficiently to close the vessel and cut its inner coat. The advantages claimed for this method over the use of common liga-

ture are, that there is a less amount of foreign substance upon the face of the flaps, hence, the more rapid union; also, that the vessels are more effectually strangulated by this method and the ligatures removed at an earlier period, and, again, as the ligature is withdrawn directly through the flap, hence, the surfaces concerned in the union are less disturbed.

We noticed also, a very interesting paper on Ovariectomy, by Alexander Dunlap, of Springfield. This gentleman states that he has operated thirty-eight times, with but nine fatal results. Of the fatal cases, one died from peritonitis, two from hemorrhage, one from chloroform, one from accidental overdose of morphine; in one—an incomplete operation—the tumor found to be cancerous, the patient died from this cause alone; one from exhaustion, one from congestion of the brain, and one from excessive vomiting; thus reducing his real mortality to only six, consequent upon the operation. This percentage of recoveries certainly compares favorably with that of any other operator who has written upon the subject. There are no suggestions in this paper, particularly new, except, perhaps, the confidence with which the writer operates in cases where there are extensive adhesions, which, he states, add but little to the danger of the operation, however extensive they may be; and that the surgeon should not be deterred from operating in any case on this account. He mentions also, as a rule, that the tumor should not be removed, under any circumstances, until it exceeds sixteen or twenty pounds in weight. His method of operating is to apply a double silk ligature around the pedicle, cutting one end short, and retaining the other external, while the pedicle is immediately returned into the cavity of the abdomen.

We notice again, a paper on Surgery, by W. H. Mussey, of Cincinnati, who, in speaking of the operation of staphyloplasty, states that he objects to the operation for fissure of the soft palate, as practiced by J. Mason Warren, who cuts the palatopharyngeus, the tensor and levator-palati muscles, with the view to relieve the tension upon the soft palate. Dr. Mussey states that the muscles thus separated from their attachments are seldom re-attached to their original positions, so that the velum, re-

stored by the operation, is not controlled and made useful by these muscles, a condition which he obviates by applying sutures the whole extent of the fissure, and then relieves the tension by incisions of greater or less extent and as distant from the stitches as is allowable. Now, we are not disposed to criticise the efficiency of Dr. Mussey's operation, but as he objects so seriously to Dr. Warren's method of cutting the palato-pharyngeus, tensor and levator palati muscles, we should like to know what muscles are severed in his operation, as he makes his incisions through the soft palate, which we have always supposed was principally made up of the diverging fibres of attachment of these muscles, so that we are disposed to think the result of Dr. Mussey's operation cannot differ so much from that of Dr. Warren as he probably supposes, unless it may be from his superior skill in operating. For separating the walls of the opening after the operation for tracheotomy, Dr. Mussey has extemporized a useful instrument which consists of the ordinary wire eye speculum with the bows cut off. This spring is adjusted within the edges of the opening, which, he states, are kept well separated, without giving the patient the least pain or exciting any inflammation. He considers this apparatus a great improvement upon the ordinary tube used for that purpose. For the treatment of fractures of the patella, Dr. Mussey claims priority over Dr. Gibson, of this city, in the use of the ring, he having applied the same principle as early as 1853, by moulding a piece of gutta percha or sole leather over the front of the knee, cutting a fenestrum large enough to allow the patella to project through it. In referring to lithotomy, we observe that the same writer still adheres to the old operation of Celsus, i. e. by cutting both lobes of the prostate, which method he seems to practice in all cases regardless of the size of the stone or the age of the patient, and offers as his reasons for preferring this operation, that the wound remains open longer and promotes more profuse suppuration, thus securing a more radical change in the surface of the bladder, and rendering the recurrence of the disease less liable than in cases of [the speedy closure of the wound. Now we can scarcely imagine how a long continued suppuration of the blad-

der could prevent a recurrence of the disease, as in this condition of irritation and inflammation, both physiological and pathological changes would take place more rapidly than if the organ was allowed to return more promptly to its normal condition, hence, if there existed any predisposition to reproduce a calculus, this condition would most certainly have the effect to expedite its formation. But the fact is we do not like the operation any way, and believe that the prostate should not be cut in any case, except for the removal of extremely large calculi; in all other cases, a better result can be secured by incising the membranous portion of the urethra in front of the prostate, and effecting the extraction of the stone by dilatation. We regret not having space to notice other interesting papers in this Transactions.

EXTIRPATION OF THE SPLEEN.

From the Tribune Médicale.

The functions of the spleen, despite the researches of physiologists, still remain obscure. At first considered as simply a diverticulum to the circulatory apparatus of the stomach, and even to that of the entire organism, another function has since been claimed for it, viz.: that of elaborating the globules of the blood; and upon this point two theories are entertained by recent physiologists: some, with Kölliker, claiming that the red globules undergo disintegration and destruction in the spleen, while others, with Gerloch, hold that the spleen produces them. If, to solve the problem, we consult facts, we do not find them to sustain this last opinion. Every one is familiar with the oft-repeated experiments of Malpighi. This eminent observer, after removing the spleen of dogs found no remarkable change in the health of the animals.

Observations have also been made upon man. Koeberle has published several cases of splenotomy, followed by recovery. Zaccaretti, in 1549, removed a painful hypertrophied spleen from a young woman, who recovered in twenty-four days. In 1678, Mathiæ excised the entire spleen of a young man who had been stabbed with a knife. The spleen had formed a hernia in the wound, and was removed three days after the injury, the vessels having been previously ligated. A hemorrhage followed and was controlled by styptics. Three weeks afterward the patient had entirely recovered, the divided vessels having formed

a small stump in the wound, the size of a hazlenut, and six years after he was in excellent health.

Fantone relates the case of a woman, æt. 30, who after severe pains in the left hypochondriac region, had an abscess at the umbilicus, after opening which the spleen formed a hernia in the wound, and was removed. It was eight fingers'-breadth in length, two in thickness, and four in breadth. A few days afterward there was intestinal perforation, but the wound healed, and the patient entirely recovered and afterward became pregnant. Five years afterward she died of pelvic cellulitis, and at the autopsy no vestige of the spleen could be found.

In 1843, an individual received a stab in the left groin, through which the entire spleen protruded, and eight days after, Dr. Berthet excised it. The patient recovered, with perfect health, and died thirteen years afterward of pneumonia. At the necropsy but a small fragment of the spleen was to be seen.

In Sept., 1867, Dr. Peau performed splenotomy on a young girl aged twenty, who was thought to have an ovarian tumor, but upon operating for its removal it proved to be a cyst of the spleen. After ascertaining that it belonged to the spleen, Dr. Peau first excised the inferior portion, and then, after ligating the vein, and branches of the splenic artery, removed the remainder of the organ. The ligated vessels were then replaced in the peritoneal cavity, the edges of the incision brought together, and the patient recovered perfectly. When Koeberle saw the patient afterward, she had a voracious appetite (a characteristic feature after removal of the spleen) and stated the peculiar fact that she no longer "got out of breath from running" thus confirming the correctness of the popular saying "*courir comme un dératé*" (to run as one without a spleen).

Prof. Schiff has frequently extirpated the spleen of animals, and this skilful observer remarked that the dogs and rats operated on by him became so voracious that they devoured their own spleens.

Dr. Boutellier relates the case of a young man from whom he removed a portion of the spleen that protruded through a cut made by a knife. Some inflammatory symptoms followed, but were soon relieved by the application of leeches and the patient made a perfect recovery.

These facts seem to confirm the conclusions of the vivisectors that the spleen, whatever may be its functions, is only an accessory organ.

ON VAGINISMUS.

By SCANZONI.

The views presented by Dr. Marion Sims at the session of the London Obstetrical Society, November 6, 1861, on this topic, and again maintained in his "Clinical Notes on Uterine Surgery, etc., London, 1866," in which he regards the disease as an hyperæsthesia of the hymen and the ostium vaginæ, have induced Scanzoni to lay his views and observations on that disease before the public. According to Sims, the irritability of the external genitals is so excessive that the slightest touch is intolerable, and sexual commerce quite impossible. This irritability, which especially affects the inferior surface of the well developed hymen, and induces persistent contractions of the spincter vaginæ et ani, is not accompanied with any morbid sensibility of the canal above the hymen; nor is inflammation of the inferior surface of the hymen generally present; but the margin of the membrane is hard and tense. Sims' treatment consists in the ablation of the hymen, incision of the vaginal orifice, and subsequent dilatation of the same by large glass bougies or dilators. Of thirty-nine cases thus treated all were cured, and, although in many cases complicated with other causes of sterility, six had conceived. Finally, Sims denied the utility of dilatation simply, without previous removal of the diseased hymen. During the last three years, Scanzoni has seen thirty-four marked cases. The disease has in many of the cases played an important part in producing sterility. He regards the condition as due chiefly to rude efforts at cohabitation, often associated with rigidity and excessive development of the hymen, and narrowness of the ostium vaginæ. Impaired virility is regarded as an unfrequent cause of this condition. Evidences of inflammation, as redness, swelling, and epithelial exfoliation were always present; but twice was the hymen found entirely uninjured; in eight cases it was either superficially or deeply lacerated. In the remaining twenty-four cases only the carunculæ were present, and these too were red, thickened, œdematose, and were partially excoriated; and in fourteen cases more or less intense vaginitis existed. Only when a considerable period of sexual abstinence had elapsed were these indications of traumatic inflammation absent; and Scanzoni suggests that the cases observed by Dr. Sims may have been chiefly of that character.

This serious affection, which but too easily leads to conjugal

dissatisfaction and coldness, renders the most scrupulous investigation imperative; coincident diseases of the most varied character being frequently discovered. Scanzoni found that twenty-five of his thirty-four patients were suffering from various functional and organic deviations, which in twenty cases supervened after marriage, viz: Eleven were suffering from congestive dysmenorrhœa, one from amenorrhœa for three years, thirteen from chronic metritis, four from ante and retroversion, one from peri-metritis, seventeen from chronic uterine catarrh, fourteen from vaginal catarrh, one from ante and two from retroflexion, nine from urinal difficulties, one from inflammation of the right Bartholins gland; in fourteen, symptoms of anæmia, and in seventeen of hysteria, were present. Notwithstanding the incompleteness of the sexual act, conception was not quite impossible, two of the thirty-four cases having conceived; the remaining thirty-two had lived from one to eleven years in sterile marriage. The sterility was in no way connected with the absence of the sexual appetency, but dependent wholly upon the muscular spasm, which involved all the muscles of the pelvis, and rendered investigation by the touch or speculum without chloroform, unavailing.

With appropriate treatment the prognosis is uniformly favorable; but, except when complete sexual abstinence can be assured, a spontaneous cure is not to be anticipated. On the other hand, every repetition of the sexual act is followed by renewed excitement, even when the intervals are protracted to apparently complete subsidence of all the symptoms.

In relation to the treatment, Scanzoni finds himself strongly opposed to the views of Dr. Sims. Of more than 100 cases that have fallen under his observation, in times past, he has been completely successful in the treatment of all to which he was able to give his personal attention, without in a single case having recourse to the knife. The first condition of success is complete sexual abstinence; for the first three or four days a tepid sitz bath should be used night and morning; warm local bathing with aq. Goulardi, or the same, applied with lint, several times a day. Defecation must be regulated, and friction from motion carefully avoided. After a few days the sensibility of the parts will be so much allayed that a solution of arg. nitrate, x-xx grs. to ʒ; may be applied with a brush. After about eight days continuance of this treatment, vaginal suppositories of ext. belladonna and Cacao butter may be placed behind the hymen and in contact with it, daily. These remedies, either alternately or simultaneously, must be continued until every trace of inflam-

mation has disappeared, and the normal sensibility is restored. Generally two or three weeks will be required to attain these objects. Then dilatation must be commenced, but for this purpose sponge tents are useless. A graduated series of milk-glass conical specula are best adapted to this object. After the first slightly painful attempt, the patient will generally be able to introduce it with facility, and it may be allowed to remain from one-half to one hour. Even when the hymen remains, it will not be necessary to incise it, as dilatation can be effected without recourse to that measure. At first the dilator may be used every two or three days, then every day or twice a day for two or three hours, gradually increasing the size of the dilator until the object shall have been attained, which in some instances may require an instrument admitting dilatation, as that of Segalas. Sitz baths, belladonna, and penciling with nitrate of silver may be required from time to time, and the cure will usually be completed in from six to eight weeks. It will be seen that, although the treatment of Sims is attended with an equally satisfactory result, it is of a much more serious character (a fatal result from hæmorrhage is reported to have occurred) than the treatment adopted by Scanzoni; and after the operation the success of the treatment depends generally upon the subsequent dilatation. The time required, moreover, is nearly the same by either process. Hence the procedure of Sims is in no respect to be regarded as an advance in gynecology, as little so, even as is his operation of splitting the cervix uteri, which with such glowing eloquence he lauds for the cure of dysmenorrhœa and sterility. Scanzoni is thoroughly convinced that these are but surgical splurges, that impose on the inexperienced only, when the professional expert justly ignores them. He predicts their fate. For a time they will be the theme of much remark; soon after they will pass into merited oblivion.—*Monatschrift für Geburtskunde*, translated for the *Detroit Review of Medicine*.

ON LITHOTOMY.

By D. PRINCE, M. D., Jacksonville, Ill.

Attention is invited to a comparison of the methods of approach through the prostate, and the best method of treating fistulæ that result from incision or laceration into the rectum.

The fluctuations of opinion upon the question of the amount of incision to be made in the prostate is surprising. Celsus taught that the incision should be a little larger than the stone

to be removed; and the majority of teachers within the last 50 years have taught that extensive stretching or laceration of the prostate gland should be avoided.

It is said, however, that Dr. Benjamin Dudley, on being asked what peculiarity of his operation most contributed to his success, replied: When the stone was large, he was careful to stretch the prostate, and not to cut too widely. Dr. Dudley had not, however, conceived the idea of dilating the prostate altogether, without cutting it at all.

An oblique incision in the perineum, and an incision in the same direction through the prostate into the bladder, had maintained an uninterrupted favor with operators for many years. This was varied by the bilateral and semicircular methods, which were only modifications of the lateral, looking to the avoidance of injury to the rectum, and to a continuity of direction of the incision from the exterior into the bladder.

Within a few years, the sway of this method has been interrupted by a revival of the ancient Marian method of dividing in the median line of the perineum. The chief object of this method of penetrating the perineum is, to avoid wounding the branches of the internal pudic artery, which it is difficult to tie and troublesome to compress. This median incision does not contemplate an incision in the prostate, for a cutting directly downward in the prostatic portion of the urethra would be liable permanently to injure the orifices of the ejaculatory ducts, and perhaps to obliterate them.

It seems to be a modern discovery, that the prostate can be dilated by the finger sufficiently for the extraction of a calculus of considerable size, rendering any incision of this body unnecessary, except at its apex, where the surrounding fascia affords more resistance. With small calculi there has never been any doubt of the practicability of the extraction through a median wound in the perineum; and the freedom from the risk of hæmorrhage is a consideration which must attract attention without controversy. The general superiority of the operation is brought into doubt, however, by the statistics adduced by Mr. Poland, in Holmes' Surgery (vol. iv., p. 471), where a table of 44 cases by the median operation, performed in the Norfolk and Norwich Hospital, exhibits 11 deaths, or 25 per cent. In juxtaposition with this, is a table of 44 cases by the lateral operation, in the Norwich Hospital, with 2 deaths, or $4\frac{1}{2}$ per cent. Mr. Poland sums up his opinion thus: As far as our present information extends, the median operation may be performed with safety, in cases where the stone is small; but the lateral operation is

to be preferred in all other cases, where lithotripsy is inexpedient.

Mr. Nathaniel Ward, Assistant Surgeon to the London Hospital, says (Ranking, No. 32, p. 190): "I have little doubt that Allarton's median operation will; in course of time, be generally adopted, for the removal of small or average-sized calculi from the bladder."

The favor which the median operation has gained has, doubtless, been aided by its early association with dilatation of the prostate; and if this association were necessary, the median line should be chosen for the incision in cases for which the lateral incision would be more desirable. Fortunately, the association is not necessary, as the lateral operation may as well be combined with dilatation of the prostate as the median operation.

Dr. E. A. Clark, of St. Louis, has recently operated successfully upon three cases without incision of the prostate, making, however, pretty free lateral incisions in the perineum.—*St. Louis Med. Journal*, Jan. 1867.

Dr. Clark has devised an instrument for dilating the prostate,* but this is unnecessary, as the finger following a director is sufficient, and any further dilatation beyond what the finger can effect, can be made by the forceps with which the stone is to be extracted.

The prostate is, without doubt, lacerated to some extent in all cases of dilatation for stone of much volume; but here, laceration is probably safer than incision, the surrounding fascia yielding without rupture, thus maintaining its integrity and shielding the surrounding areolar tissue from urinary infiltration; and the reason why the laceration of the tissues of the perineum is not as good as cutting is, that the tearing may take wrong directions, opening into the rectum and producing fistulæ difficult or impossible to heal.

The tissues surrounding the perineal section, whether median, lateral, or bilateral, have a tendency to draw together and close any opening existing; but an opening into the rectum is kept open by the action of the muscular fibres; and this resistance to closure is increased if the sphincter is, at the same time, torn across. The danger in this case is not to life, but of an intolerable incontinence, which may make life miserable.

The reporter has recently operated by the median method

* Dr. Clark informs us that the statement that he had "devised an instrument for dilating the prostate" is an error. The only means of dilatation used by him was his finger, and the forceps (a strong pair of ordinary bullet forceps) with which, in the absence of the usual lithotomy instruments, the stone was extracted.—Ed.

for calculus, known beforehand to be large, with excellent results as to freedom of the patient from serious symptoms, but with laceration of the perineum. Three stones were extracted, from a patient 31 years old, weighing in the aggregate $5\frac{1}{4}$ ounces avoirdupois, two of which were included in the grasp of the forceps and withdrawn as one, occupying no more space in diameter than one stone. The circumference around the outside of the forceps blades, including the stone, measures 7 inches, and the diameter across from outside to outside of the blades $2\frac{1}{4}$ inches.

There was no difficulty in dilating the prostate to this extent; and if it was torn, there is no remaining evidence of it. There was, however, a laceration of the perineum, similar to what takes place in childbirth, and from a similar cause, which was not perceived at the time it occurred. The writer appreciates his mistake in not enlarging the opening from side to side, converting the median incision into a cross, by inserting a probe-pointed bistoury by the side of the stone, first on one side and then on the other, while the stone was in process of extraction. It is probable that this would have saved the sphincter and rectum, without adding to the danger of the operation. The division of the tissues in a state of tension secures the division of the unyielding fibrous bands, while the yielding tissues glide away to come back again by their elasticity and diminish the size of the opening.

The result of this hasty glance is, that for all except stones of very small size, the lateral or the bilateral operation should be preferred, without implying that the incision should be carried through the prostate. This preference is founded entirely upon the increased safety from rupture of the sphincter and the anterior wall of the rectum, though it is always practicable to convert the median process into the lateral or bilateral, while the extraction of the stone is being effected.

Laceration into the rectum having occurred, however, it becomes an interesting question, What is the best method of securing the closure of the fistula which results? In the first place, why does the opening fail to close? Doubtless, because the circular fibres of the sphincter draw transversely upon the opening. The case is quite different with the incision made anterior to the sphincter. Here, the muscular fibres tend to approximate the sides of the wound. This is a hint at the method to pursue in closing an opening that is above the external sphincter. The method is to slide a portion of the anterior half or third of the external sphincter up so that it may be at-

tached to the anterior wall of the rectum above the opening, while a catheter passes into the bladder, through the opening thus made in detaching the muscular ring of the sphincter from the parts lying immediately beneath the triangular ligament and the distal end of the membranous portion of the urethra. It may be necessary, to the complete conception of this, to state, that after a rupture through the sphincter into the rectum, there comes a complete closure of the cutaneous wound, and the sphincter is restored to its form and function, but above the external sphincter the opening refuses to close.

It will now be readily understood, that if the parts lateral and superior to this opening are denuded of mucous membrane and the anterior portion of the sphincter, or a layer of it detached and carried up and secured by sutures, so that the fistula communicates with the exterior, we get a condition similar to that which follows ordinary lithotomy.

One obvious advantage of this is, that it is not necessary to retain a catheter through the whole length of the urethra. Sims' self-balancing catheter, invented for vesico-vaginal fistula, can be worn as well as in the female urethra. For convenience of changing the catheter for keeping it clean, Dr. Wm. H. Mussey, of Cincinnati, has employed a director made like a trough, as if one-third of the circumference of a large catheter were taken from the other two-thirds. This is made to slide along the catheter into the bladder, after which the catheter is withdrawn and the director allowed to remain. After the replacement of the catheter the director is withdrawn.

The gliding up of the muscular fibres of the sphincter with their cutaneous covering is believed to be a new suggestion, founded upon the anatomical relations of the parts, and it is desired to present the method to the profession through the Transactions of this Society.—*Trans. Ill. State Med. Society.*

BIBLIOGRAPHICAL NOTICES.

CRIMINAL ABORTION. Its Nature, its Evidence, and its Law. By HORATIO R. STORER, M. D. L. L. B., Fellow of the American Academy of Arts and Sciences, and late Professor of Obstetrics and Medical Jurisprudence in Berkshire Medical College, and FRANKLIN FISK HEARD. Boston: Little, Brown & Co. 1868.

Dr. Storer is too familiarly known to the medical profession to require us to herald him. For years he has given faithful service to the cause he advocates so well in this volume, and the success which has attended his labors may furnish somewhat of an apology for his frequent self-mention in this connection.

In this volume, in Part I, Dr. S. has tersely and with great candor discussed one of the most interesting questions of social science and political economy. In the first chapter he strikes at the root of a most mischievous rule of law, which makes a distinction in the nature of the offences committed in destroying the foetus before and after quickening.

That morally they are the same, we think no one will seriously question. "Common sense, (says our author,) would lead us to the conclusion that the foetus is, from the very outset, a living and distinct being. It is alike absurd to suppose identity of bodies and independence of life, or independence of bodies and identity of life." Again: "The foetus, previous to quickening as afterward, must exist in one of two states—either death or life. The former cannot take place, nor can it ever exist, except as a finality." From the moment of conception there is potential humanity instinct with life, and the wilful destruction of this germ at any period thereafter is criminal, and, as such, should be punished. "To extinguish the first spark of life, is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man," says Percival. To maintain the groundless distinction of the law, also, leaves open a wide door for crime to escape unpunished. The period of quickening

is often difficult of exact determination, and hence, a quickened child may be destroyed, and the guilty party escape under the successful plea that it was not known to be quick. We believe the author has correctly argued, that the only method of suppressing the rapidly increasing crime of foeticide, is to hold him guilty of murder, who, after conception, procures or abets an unjustifiable abortion of the foetus. In the second chapter, the author discusses at length the frequency and the causes of this crime, and uses statistics largely, in support of his theory. Though there is enough of truth in his deductions from these to support his general assertion, we can by no means concede that he has correctly interpreted the result of the figures he has used. There are causes operating in every community, long settled, and where the mental forces are continually exercised and often overworked, to prevent a rapid increase of population, which the author almost wholly ignores.

It is none the less true, however, that there is an increasing aversion to child-bearing in this and other countries, and the impunity with which the product of an illicit intercourse, or of the marriage-bed, may be exterminated, has not only shorn the one of its shame, but robbed the other of much of its sanctity. As he charges, laws are deficient; but we must not forget that they are the index of public opinion upon this subject. Until the popular mind comes to recognise this crime and emphasize its voice against it, we cannot expect laws commensurate with its nature, or hope for their enforcement should they chance to be enacted.

Chapter III discloses some interesting facts relating to the "victims" of this crime, and the classes among which it most abounds.

Part II is devoted to the law of this subject, and is carefully prepared. Mr. Heard has furnished the public with *multum in parvo* of his accurate and valuable erudition upon this branch of criminal law, for his knowledge of which he is so justly famed.

The high moral tone of this book, and the sincerity and zeal of the authors, give it an additional value, and we can only wish that it may be carefully read by every adult in the land. S.

CONSERVATIVE SURGERY, in its General and Successful Adaptation in Cases of Severe Traumatic Injuries of the Limbs, with a Report of Cases. By ALBERT G. WALTER, M.D. Pittsburgh: W. G. Johnston & Co., 57 Wood street. 1868.

This is a valuable and interesting monograph of 213 pages, devoted exclusively to arguments in favor of conservatism, especially in the treatment of fractures with severe complications, illustrated by a detailed report of forty-seven cases treated by the author, in which he claims originality in, and superior success from, the use of the free incisions, alike "in the treatment of injured limbs, (with main arterial and nervous trunks intact,) although not hopelessly mangled, such as are produced by the wheels of railroad cars, or heavy machinery, by which the bones are fractured and comminuted, and the soft tissues lacerated and crushed," and in simple fractures "if no breach of surface should exist, but mere bruising and swelling be present." The incisions, he informs us, are made with a view to the relief of tension, the escape of blood and serum, and by this means the prevention of extensive suppuration, gangrene, erysipelas, tetanus or pyæmia. He contends, also, that the admission of atmospheric air to a wound or fracture has no deleterious effect upon such parts, but rather a salutary influence, reasoning from the fact, that as man was created to exist in this element, hence the benign purposes of the Creator could not be so far perverted as to render it noxious to our systems in whatever manner we may receive it. This reasoning *may* be all very plausible in a theological point of view, but we hardly think it will prove correct in pathology. The writer also contends that atmospheric air has but little effect upon wounds under any circumstances, as it is not absorbed by the tissues, but by the clot accumulated in the wound and is consequently inert; and also that oxygen is not absorbed into the circulation by the capillaries exposed to the atmospheric air in the wound, because the blood is already surcharged with oxygen from the lungs, and will not admit of an additional equivalent of this element or any other gas that may exist in the atmosphere. From this theory he also reasons that all zymotic poisonings, such as hospital gangrene and erysipelas attacking wounds

in hospitals where these diseases prevail, result from the inhalation of the poison by the lungs almost exclusively, the wound sharing no, or but a small part, in the process of absorption even where it is left fully exposed, "the effect of the latter (poisonous air) on it being solely due to its irritating agency—a purely mechanical operation." In regard to all such theories we are willing to accord to the author, to the fullest, all claim of originality, and still more willing that he shall monopolize all the practice based on such theories, satisfied, from our own experience, that it could not possibly be as successful in our hands as he claims it to have been in his. If the admission and contact of atmospheric air is so beneficial in the treatment of fractures—notwithstanding he states that it is not absorbed by the tissues—we would suppose that he would treat *all* his simple fractures by first making them compound with his knife. In fact he advocates this treatment in the following language: "*if no breach of surface should exist, but mere bruising and swelling be present, a free incision in the long axis of the limb should at once be made.*" This remark it will be observed is not qualified by the conditions, that if gangrene or erysipelas be present or threatened, but if *mere bruising or swelling be present*. Now from the fact that there can be no fracture of a bone without contusion or swelling, we take it for granted that Dr. Walter treats all his simple fractures by first making them compound by incision, and his compound fractures, as he states, by still enlarging the wound in the soft parts, for no better reason than that given for simple fractures. The disadvantages and difficulties of treating compound fractures, and those from necessity made compound by the surgeon, are sufficiently familiar to every practitioner of experience, to convince him of the correctness or falsity of these views, without any further remark in this place. Now if Dr. Walters is so confident that the contact of atmospheric air "*cannot be deleterious to wounds,*" and is so universally beneficial in all conditions of injuries, from the fact that it was *created* for man to breathe and consequently *cannot* be prejudicial or subserve any deleterious purpose, we would advise him, in penetrating wounds of the chest, to enlarge the parietal opening in order that more air may be admitted, or in cases of

threatened death from dyspnœa to inject atmospheric air into the bloodvessels, or in cases of extensive phlegmonous erysipelas, it might be beneficial to inflate the cellular tissue with large quantities of air in the region of the diseased part.

While thus hastily reviewing this work, we cannot avoid calling attention to and correcting the illogical deductions, in support of the writer's favorite theory, drawn from the treatment of Mr. Lister, of Glasgow, for compound fractures and lacerated or contused wounds, which consists in closely covering the wound with a paste made of carbolic acid, boiled linseed oil and chalk, with a view to not only exclude the atmosphere, but also to destroy any fomites or infectious element that it might contain, thus preventing the inception of gangrene or erysipelas. But Dr. Walter in his monograph distorts the *modus operandi* of this treatment, and says that it is successful because Mr. Lister does not close up the wound but leaves it exposed to the *atmosphere*, when that gentleman states positively that he *does exclude the atmosphere*, and to do this the more effectually, the paste is spread on block tin or tin foil and *held closely* by adhesive plaster.

But now that we have disagreed with this writer in many of his views upon *Conservative Surgery*, we fully concur with him in the belief that many fractured limbs are sacrificed that by judicious treatment might be saved. His practice of removing the broken fragments from compound comminuted fractures, we believe to be in all cases the best rule of practice; of this our own experience has convinced us. He also recommends warm applications instead of cold to limbs severely contused or where the local congestion is very great. This treatment we most heartily endorse, and will add to the assertions of the writer, that we believe more cases of gangrene have been produced from the injudicious application of ice and cold water, than from all other causes combined, not excluding epidemic influences. We also agree fully with him as to the necessity of surrounding the patient, whether surgical or otherwise, with pure fresh air—proper ventilation,—but esteem a vast difference between its contact with “the air cells of the lungs,” and incised, abraded or “lacerated tissues.”

Notwithstanding the much in which we differ from the author, this monograph is, as we have said, a valuable and an interesting one, and will repay a perusal. There certainly can be no doubt that by a "*judicious conservatism*," many useful limbs may be saved, even under very unfavorable circumstances, but in surgery as in all things else, *in medio tutissimus ibis*. E. A. C.

A MANUAL ON EXTRACTING TEETH. Founded on the anatomy of the Parts involved in the Operation; the Kinds and proper Construction of the Instruments to be used; the Accidents liable to occur from the Operation, and the proper Remedies to retrieve such Accidents. By ABRAHAM ROBERTSON, D.D.S., M.D., &c. &c. Second Edition. Philadelphia: Lindsay & Blakiston. 1868. pp. 200. 12 mo.

The series of titles appended to the author's name—"author of Prize Essay on Extracting Teeth; Fellow of the N. H. Medical Society; corresponding member of the Odontographic Society of Pennsylvania; Honorary member of the New York Dental Society; Honorary member of the Merrimac Valley Dental Society"—is probably intended as a caricature upon the ridiculous custom which obtains pretty largely among authors of the present day, of attaching numerous "handles" to their names. The work gives the usual anatomical descriptions of the teeth and adjacent parts, and contains a review of the most common doctrines on the pathology of toothache, treats of the diagnosis, and gives rather a prolix description of the instruments for the removal of teeth, and special directions how to perform the operation of extraction, and also recites the accidents incident to the operation, and their treatment. We notice among the astringents enumerated for the arrest of hemorrhages that "spider's web" occupies a prominent position. A short dissertation on anæsthetics closes the volume.

We think the doctrinal points, discussed in this volume, generally well stated, and modes of practice recommended generally judicious; though we dissent from the opinion stated on page 63, that "abscess caused by a tooth having been decayed or denuded of its natural covering, is always formed at the point of its root," for we have not unfrequently seen the abscess in cases where there was absorption of the gums and alveolar process,

located between the roots, and not involving the apex of the roots at all; and again on page 68, "red globules of blood do not permeate healthy dentine, and most writers have contended that they do not under any circumstances. This my own observation has satisfied me is not correct." The evidence upon which the author bases this opinion, consists of observing a case where the surface of cavities in the dentine was "quite red and very sensitive." Now, more evidence will be required to establish so improbable a doctrine. In the first place, no canals permeate the dentine, except the dentinal tubuli, and as these are, upon an average, only one-third the diameter of the blood corpuscle, and further, as there is no communication between the vessels of the pulp and the tubuli, it is manifestly impossible for the corpuscles to permeate them. The redness of the dentine could be easily accounted for, by the breaking down of the blood corpuscles by inflammatory action, or other causes, and the coloring matter thus liberated then permeating the dentinal tubuli, and perhaps, diffusing itself throughout the intertubular substance. We would not, however, be understood as denying the position assumed by the author, that dentine may take on the inflammatory action, but in assenting to the probable truth of this doctrine, we shall be obliged to dissent from a proposition stated on page 67, "that it is true that parts that have no circulation can have no inflammation," for it is well known, and universally acknowledged, that cartilages which have no circulation of the blood, are subject to inflammations. On pages 98 and 99, speaking of the compound screw forceps, the author says: "The operator, however, will generally find, in using this instrument, that after he has carefully inserted the screw into the root, and carefully applied the blades upon it, and carefully made rotation with traction, he has very carefully brought away his whole instrument and a small portion of the almost friable edges of the root, and nothing more."

Now we have seldom used any other instrument with as much satisfaction as the one alluded to, but we likewise "carefully" remove with a small instrument the softened dentine from the canal in the root, so that the thread of the screw may lay hold upon firm dentine, and then we seldom fail to bring away the

root with much less pain and less disturbance of the surrounding parts, than with any other instrument.

The work, we think, presents many points of practical interest and importance, and that the young and inexperienced practitioner can hardly fail to gather many useful hints and valuable practical suggestions from its careful perusal. H. J.

Notices of Flint's Physiology of Man, and Marshall's Physiology (Smith), are unavoidably postponed until our next number. We have also received from the publishers, Ellis's Formulary, twelfth edition; Flint's Practice of Medicine, third edition; the second volume of Aitken's Practice, by Clymer, second American from the fifth London edition; and a neat little pamphlet entitled Retinitis Nyctalopica, by Prof. Arlt of Vienna, translated by J. F. Weightman, M.D.

We have also received a copy of the inaugural address introductory to the course on Institutes of Medicine in the Jefferson Medical College, delivered by Prof. J. Aitken Meigs, M.D., Oct. 12, 1868.

This latter is essentially a review of the "rise and progress" of the theory of the correlation of the physical and vital forces, and evinces no small amount of research, tracing as it does, the theory, from its earliest inception or foreshadowing, more than a century ago, through its various stages of development to the present time. We will have occasion to notice this more fully at some future time, but in the mean while, would advise all who take interest in this, at present, highly interesting subject, to secure and read the address. It is very neatly published at the office of the Medical and Surgical Reporter, Philadelphia, at the nominal price of twenty-five cents. Its perusal cannot but "afford food for the thinking mind."

Also the Report of the Proceedings of the Association of Medical Superintendents of the American Institutions for the Insane, at their twenty-second annual meeting, held at Boston, Mass., in June, 1868.

EDITORIAL NOTES AND VARIA.

Some of our subscribers have not yet responded to our former intimation that money was a very important item for the successful conducting of a Journal. We are sorry to be compelled again to remind them of so self-evident a fact. Will those who are in arrear please oblige us by remitting the amounts due us, without further delay? We would be pleased to enclose to every one a receipt in our next number.

As is well known to most of the readers of the ARCHIVES, the Journal was originally inaugurated, and for the first few months published, as the especial organ of the Humboldt Medical College. This, with our association with it, as was at the time announced, ceased, and the Journal became an individual enterprise. We were at the time advised, in order the more fully to dis-associate the Journal from its former relation to the school, and give to it a more cosmopolitan character, with the change of interest, to change also its name. Although fully aware of the importance and advisability of this, there were reasons, not necessary now to relate, why such change was not then deemed practicable. Those reasons now no longer exist, and with the present number, we close our second volume, in order that with the new year, we may commence a new volume, entitled THE MEDICAL ARCHIVES.

Immediately upon our association with the Journal, although our name appeared as junior editor, the entire editorial labors devolved on us. Upon assuming the editorial chair, we announced our determination to devote the Journal to the promotion of the general interests of the profession, and the advancement of medical science; to open its pages to a liberal discussion of all that pertained to these objects; and to advocate boldly, and independently, at all times, whatever we might believe the interests of the profession to demand.

As to the measure of success, in these, "our principles and purposes," our readers must determine; but if we may judge from the large and constantly increasing accessions to our subscription list, now nearly double what it was a year ago, and the many letters of approbation and encouragement we have received from various sections of the country, we have reason to feel that our efforts have not been entirely in vain.

In a recent letter, requesting his name to be ranked among our subscribers, from our venerable friend, Dr. George B. Wood, of Philadelphia, of world-wide reputation as a medical teacher and writer—now a father in the profession—he says: “Our science is cosmopolitan, and should embrace with eagerness, all that is useful, whatever may be its source.” By this sentiment we shall be governed in our future labors as a journalist; our constant effort shall be, as far as possible, to cull the wheat from the chaff, and lay regularly before our readers that which is new and useful in the profession, and make our Journal in the future, as it has been in the past, at all times a faithful exponent of the most advanced state of medical science. And, as in these labors, we shall have the co-operation and assistance of several gentlemen of known ability and eminence in the profession, we shall hope to make the ARCHIVES worthy, both a continuance and increase, of the liberal encouragement it is now receiving.

COTEMPORARY JOURNALS.—The *Medical Bulletin*, is the title of a new semi-monthly journal of medicine and surgery, published in Baltimore, Md., the first number of which has just reached us. It is edited by Dr. Edward Warren, and takes the place of the *Baltimore Journal of Medicine and Surgery*, which if we mistake not, was announced as being devoted exclusively to Southern medical literature. If such was the case, we certainly think it is well, as we are informed in the *Bulletin*, “that enterprise has been abandoned.” True science should be ever liberal, should know no religion, no politics, no sectional prejudices or jealousies. The members of the profession everywhere should emulate the noble example set them during the late meeting of the National Medical Association at Washington city; should cultivate brotherly love, bury past political differences, strive to advance the interests and sustain the honor and dignity of our noble calling.

Dr. Warren informs us in his salutatory that “nothing shall be spared in effort to render the *Medical Bulletin* such a journal as the profession really requires—an organ replete with valuable information, instinct with vitality and the fervor of honest conviction, breathing a spirit of fraternity and charity towards every honorable physician, and persistently holding up the *derelect* to public scorn and reprobation.” This breathes the right spirit. The number before us is replete with interesting matter, but we really think the form in which it is published, an unhappy selection. A good journal is worthy of being bound, and should be adapted to a place on the shelves of the library. We extend,

with the usual courtesies, the right hand of friendship to this new candidate for popular favor.

CALIFORNIA MEDICAL GAZETTE.—We are in receipt of a full file—all the published numbers—of this very excellent journal. We are assured that this new representative of the profession on our Pacific coast is not issued “in any other spirit of antagonism than that of a generous rivalry,” with its worthy cotemporary. “We start upon our enterprise with the full determination to make this an independent medical journal. Our only motive—our full confession of faith—is *a desire to advance medical science.*” Actuated by such motives, the journal ought to, and we hope will prove a full success.

From a sensible editorial, in the second number, in regard to the lack of “professional harmony” among the profession in San Francisco, we make the following extract, fully as worthy of the consideration of the profession elsewhere as those to whom it is especially addressed.

“A bold united effort of the profession, opposed to quackery and fraud, would do much to lessen the success of impostors. In default of a union among the regular medical men, they flourish in our midst, and take the wealth which belongs legitimately to us, which would fall to us, if we only learned to *think* kindly of, *speak* kindly of, and *act* in a friendly honest way to our medical brothers.”

The journal seems ably and skillfully conducted, and abounds in interesting original articles and judicious selections, but we should prefer to be able to greet editorially some recognized editorial head. The mechanical execution is excellent and reflects credit upon the enterprising publishers. Altogether, we welcome it to our table as a highly creditable contribution to our professional literature.

THE MISSOURI DENTAL JOURNAL.—The first number of an exceedingly neat, and highly interesting journal, bearing this title is before us. We are pleased to see that our brethren of the dental profession are awakening to their true interest. We have heretofore asserted and firmly believe that there is no means by which the truths, the advances and the improvements, in any science, can be so thoroughly and profitably disseminated as by means of judicious journal literature. Dental and medical science are so near akin, that what can be said of one in this respect, is equally applicable to the other. The plan of the journal is, we think, judicious. It is divided into the three departments: the scientific and literary, the operative, and the mechanical, each of which is under the especial charge of different members of the editorial corps. The journal will be published on the 15th of each month, and

the object, we are informed is to make it "eminently practical," and to this end, the editors ask and should receive a liberal support and encouragement from the profession. As to the mechanico-typographical department, we deem it but necessary to say that it comes from the press of the enterprising firm who now print the ARCHIVES, and with paper and type very similar.

THE OHIO LAW REGARDING THE PRACTICE OF MEDICINE.—We gather the following from the *Cincinnati Lancet and Observer*: The law which went into operation on the first of October, provides that to practice medicine in Ohio, a man must be a graduate, or must have practiced for ten years, or must have presented a certificate of his qualifications to practice, from the State or some county medical society; and that all who do not comply with this law, are liable, on conviction, to a fine of fifty to one hundred dollars for the first offence, and for the second, a like fine, and imprisonment for thirty days.

The permission to medical societies to grant certificates is considered *the weak place* in the law, and to meet this, the Montgomery Co. (Dayton) Society have determined that as individual practitioners, and as a society they will throw their influence in favor of graduation; that in view of the abundant facilities and cheapness of graduation, there is no excuse for the student beginning to practice before completing his course, and that, therefore, as a general rule, the society will not examine candidates or grant certificates. But, as *exceptional cases may* arise, presenting sufficient reasons for disregarding the general rule, a standing committee of examinations is provided, to consist of the President of the society, and three members, to act only in accordance with the following rules:

1st. To examine no candidate who can not show good and substantial reasons for non-graduation, and no one who will not pledge his honor to speedily complete his entry into the profession by graduation.

2nd. No examination to be made with less than three of the committee present.

3d. The committee to make a written statement to the society of every examination made, detailing the name of the person examined, the special reasons which induced them to admit the candidate to examination, and the result.

They also commend the adoption of these or similar measures by all other associations throughout the State.

How long until the Legislature of Missouri can be induced to protect the lives and health of our people by judicious legislation?

OPIUM AND BELLADONNA.—Dr. Unzicker, chairman of the Section of New Remedies and Pharmacy, of the Cincinnati Academy of Medicine, (*Cincinnati Lancet and Observer*) quotes from "Ertenmeyer's Sub-Cutaneous Injections," that so early as 1570, the antagonism of effect of these two remedies had engaged the attention of the profession; that Prosper, Alpin and Label were the first who observed and pointed out that they weakened each other's action; and that in 1677, Horstius and Faber proposed to use opium and belladonna as antidotes for each other, and that in 1766, the same proposition was renewed by Boucher, of Lille. In the present century, the opinions *pro et contra* are numerous. Lippi, Graves and Carignan, who based their opinions on many cases of poisoning successfully cured by the use of these remedies, against each other, have especially declared themselves for the antagonism.

MORE BIG BABIES.—We have received a letter from Dr. André, of Prairie du Rocher, Ills., in which, after referring to the report of Dr. Roeschlaub before the recent meeting of the Illinois State Medical Association, he says: On the 29th of Sept., (1868,) I delivered Mrs. F. of a male child of thirteen and one-half pounds. Both mother and child are doing well. The child, though not quite six weeks old, looks as if he was six months. There was nothing unusual about the labor, except that it was a little tedious in the first stage.

Dr. Gruwill, in a late number of the *Cincinnati Lancet and Observer*, reports the birth of a dead child that weighed eighteen pounds. Dr. Howard, of Akron, reports recently in the same journal, having been present, on the 18th of August, 1864, at the delivery of a healthy male child that weighed nineteen and a half pounds.

RUBEFACIENT AND ANODYNE LINIMENT.—An English liniment, which has been brought so much in vogue by M. le duc de Morny, which reddens the skin in a few minutes and readily relieves neuralgic pain, has been analyzed by M. Mayet, who finds it composed as follows:—Liq. ammonia (25 degrees,) \mathfrak{z} jss; chloroform, \mathfrak{z} j; camphor, \mathfrak{z} jss; tr. opium, \mathfrak{z} ss; alcohol (90 degrees,) \mathfrak{z} iiij, and \mathfrak{z} vj.

A piece of flannel is moistened with this liquid, and applied to the part of the body where it is desired to produce revulsion.—*Cin. Lancet and Observer*, from *An. de Thèr.*, for 1868.

ETHER SPRAY IN CHOREA—A little child of seven years, entered the Hospital because of very marked chorea, which showed itself for the second time in two years. After having employed all means, tonic

and antispasmodic, M. Lubelski anæsthetized the spinal column by means of a current of sulphuric ether spray, projected by the apparatus used by dentists, the two points being placed on either side of the column. After two effusions of three to five minutes each, the disordered movements lessened, and soon assumed their normal character.—*Ibid.*

GOSSYPIMUM AS AN EMMENAGOGUE AND PARTURIFACIENT.—Dr. Bellamy, of Columbus, Ga., says of the common cotton plant, gossypium:

“I am fully satisfied, from the experiments and impartial trials I have given the remedy, that it is fully equal, if not superior, to ergot in promoting the various functions of the uterine organs. I look upon it as a sure, speedy and safe remedy, not only for difficult, painful, protracted labors, but also to control all the irregularities of females, and to alleviate their peculiar monthly sufferings. It is very certain that its effects are so powerful upon the uterine system as to produce miscarriage, if administered during pregnancy. I feel that its merits cannot be too highly extolled, and deem it too valuable a remedy to remain hidden in the depths of obscurity. I consider it preferable to ergot. The proper time to gather the root, is when it is as old as possible, without being injured by the severe frosts; therefore it is best when gathered during the months of October and November.”—*Atlanta Med. and Surg. Jour.*

CALCAREOUS DEGENERATION OF THE PERICARDIUM.—We extract the following from the report by Dr. Curtis F. Fenn, of Chicago, of a remarkable case of this character, in the *Chicago Medical Examiner*:

“Autopsy, forty-eight hours after death. Emaciation was marked; the lungs were full of dark blood; some old adhesions of the right pleura existed, and the middle lobe of the right lung was hepatized. The coverings of the heart *in situ* appeared normal, until an attempt was made to cut into the pericardium; within its tissue was found an extensive deposit of calcareous matter, which covered the whole anterior face of the heart and about half the posterior. It spread out like a shell, being thickest where the pericardium unites with the central tendon of the diaphragm, and gradually becoming thinner as it extended upward from the base, in two parts, resembling the bivalve of an oyster, the distance of four and a half inches anteriorly and three and a half posteriorly. The deposit was deficient over the upper part of the left margin of the heart, and extended to the right, a little beyond the ventricular septum.”

"The apex of the heart was adherent to the base of the sack. When the heart was removed, the shell (pericardium) maintained "the shape of a cup, somewhat irregular in outline, but capable of holding half a pint." * * * "the aortic semilunar valves were calcified along their free border, but not impaired as to their sufficiency; the arch of the aorta, about the opening of the left sub-clavian, presented a roughened and calcified surface of an inch in area. * * * There was calcareous degeneration of the internal carotid and vertebral arteries, and the branches forming the circle of Willis. The walls of the ophthalmic arteries were also hardened and their calibre diminished by the same foreign deposits."

INFANTILE ERYSIPELAS TREATED BY HOT BATH.—Prof. Abelin, (*Journal für Kinderkrankheiten*), observed in the Children's Hospital, at Stockholm, a form of erysipelas (*erysipelas ambulans*), having a tendency to spread rapidly over a large part, or the whole of the body, attacking any or every part, without any regular order, or affecting intervening parts; with a red, hot, dry and glossy skin, extremely painful, and always accompanied by febrile symptoms. It occurred more frequently in winter, and with the usual local applications, followed by tonics, especially iron and quinine, most of the children died, until the hot bath was employed, which, in addition to tonic remedies, was followed by frequent recoveries.

The child was immersed from ten to thirty minutes, according to age and strength, in water of the temperature of 102°, which was afterward raised to 108°, and was then wrapped in a sheet and covered for several hours with a warm woolen blanket. In severe cases, the bath was used twice daily, in milder cases, but once. The heat and tension of skin were soon diminished, the febrile symptoms disappeared, and the child generally fell into a refreshing sleep.—*Amer. Jour. of Obstetrics*.

OIL OF MATICO IN GONORRHOEA.—The oil of matico in combination with copaiba, and injections of saturated distilled water of matico, is said to be far more efficacious in gonorrhœa than copaiba alone. It prevents disturbance of the stomach, the disagreeable eructations and odor of the urine. The injections are said to be particularly useful in chronic blennorrhœa, preventing the relapses which so often follow from carelessness in eating and drinking, exposures to cold and excesses in venery. It is also claimed that they relieve congestive and spasmodic complications of stricture.

TREATMENT OF MALARIAL DISEASES.—Dr. Sinks, in the report to the Kansas State Medical Society, says, that notwithstanding the favorable reports of the use of the sulphites in malarious diseases, and the plausible promises that they theoretically convey, in the hands of the committee “these salts have proved of but little value.”

“Chloroform exerts a happy influence in the cold stage of intermittents by quieting the rigors and modifying the subsequent fever, and in periodical neuralgias is quite efficient in allaying pain, but is powerless in preventing the return of the paroxysm.

“Cases occasionally presented which proved rebellious to ordinary measures, and the paroxysms continued to recur in spite of any one of the anti-periodics, however heroically administered. In these cases a combination of quinine, strychnia and arsenic rarely failed to accomplish the desired result.

“A free use of diuretics and diaphoretics in the early stage of remittent fevers, has been attended with better results than when anti-periodics were resorted to before a distinct intermission occurred. This is especially true when the eliminative organs are defective in function.”

Leavenworth Medical Herald.

CONCEPTION AN ELECTRICAL PHENOMENON.—Harvey L. Bird, M. D., Professor of Obstetrics in the Medical Department of the Washington University, Baltimore, Md., believes, (Med. and Surg. Reporter,) that fecundation, or impregnation is *always* an electrical phenomenon; and whether it occurs from the artificial injection of the male semen, or whether the spermatozoa enter the female vagina, via natural, it results from the completion of an electric circle—the union of the positive and negative electricities.—*Med. Record—Boston Med. and Surg. Journal.*

SUN-STROKE, NOVEL TREATMENT.—Dr. F. G. Herron, of Cincinnati, Ohio, reports (Med. and Surg. Reporter) two cases of sun-stroke successfully treated by the application to the head, by means of cloths, of water as warm as the skin could bear without injury, and the internal administration of liquor ammonia acetatis as a stimulant. Consciousness, in both cases, was soon restored.

THYMIC ACID,—Obtained from the essential oil of thyme (*thymus vulgaris*) has been proposed as a substitute for carbolic acid or creosote. It is powerfully antiseptic, and emits no disagreeable odor. In its concentrated form, it may take the place of nitrate of silver as an escharotic; as an antiseptic it should be dissolved in 100 parts of water with a little alcohol.—*Ex.*

ACTION OF IODIDE OF POTASSIUM INCREASED BY AMMONIA.—It is said that the action of iodide of potassium is increased and rendered more valuable when combined with ammonia, stimulating the stomach, diffusing the blood, and with it the medicine through the system, and by chemical decomposition liberating the free iodine, and thus sending it on its salutary message.

CROUP TREATED BY SULPHUR.—M. Lagauterie (*Half-Yearly Abstract*) gives in croup teaspoonful doses, every hour, of a mixture of sulphur and water (a teaspoonful to a glass of water) with effects which he describes as wonderful. The cure, in seven very severe cases, was accomplished in two days, the only symptom remaining being a slight cough. An observation of the effect of sulphur on the oidium of vines, led to its use in croup.

REMEDY FOR WHOOPING COUGH.—A writer in the *Canada Medical Journal* says the following prescription for whooping cough is the best he has ever met with: R. Ammon. bromid., ʒj; acid hydrocyan. dil., m.xx; tinct. sem. stramonii, m.xx; water and syrup, ʒiv. M. A teaspoonful three times a day to a child two years old will often relieve in twenty-four hours. Two or three grains of the bromide of ammonia may be given three times a day.

BEEF TEA.—This may be made more palatable to the fastidious palate which has become palled by a steady use for a month or two of it, by a few whole cloves and shreds of onion; but most people relish its delicious meaty flavor quite as well when it is simply made by chopping lean rump beef into pieces the size of dice, covering them with cold water in the proportion of about three pints to two pounds, letting the whole stand a couple of hours to soak in a saucepan, then drawing it forward upon the range, where it will gently simmer for ten minutes, and salting and pouring it out just as it comes up to a brisk boil. If the meat be just slightly browned on both sides, (not broiled through, remember,) before being chopped, the flavor of the beef tea, is, to many tastes, made still more exquisite.—FITZ HUGH LUDLOW.

The addition of a small tablespoonful of *cream* to a teacupful of beef tea renders it richer and more nourishing.—TANNER.

Wash two ounces of pearl sago until the water poured from it is clear; then stew the sago in half a pint of water until it is quite tender and very thick; add to this one half pint of boiling cream and the yolks of four fresh eggs; then stir the whole carefully into one quart of beef tea. These very nourishing broths are very useful in many

cases of lingering convalescence after acute disease, when simple beef tea becomes distasteful or inefficient. For it is not sufficiently well known that beef tea as ordinarily made is not very nutritive; as a pint of fine beef tea contains scarcely a quarter of an ounce of anything but water.—TANNER.

But good beef tea, and milk punch made with one third lime water, will nourish almost anybody who can be nourished at all.—*Medical Gazette*.

PHOSPHORUS PASTE FOR KILLING VERMIN.—Rub together one ounce of flour of sulphur and six ounces of phosphorus, with six ounces of water, until perfectly mixed, and add two ounces pulverized mustard, half a pound of powdered sugar, and three-quarters of a pound of wheat or rye flour, with additional water, sufficient to make a paste of the consistence of butter. As an antidote against accidental poisoning by the above-mentioned paste, it may be useful to know that the best is *Murray's Fluid Magnesia*, given very freely until the dangerous symptoms have disappeared.—*Jour. Applied Chem.*

REMARKABLE CASE OF FECUNDITY.—The following case, reported at length by M. Galopin, D. M. P., (*Révue Thérapeutique Médico-Chirurgicale*, 1867, Paris,) is interesting, in an obstetrical point of view, from its extreme rarity, but especially is it worthy of notice from physiological considerations, demonstrating the wonderful “*nisus formativus*,” notwithstanding the multiplicity of foetuses:

The subject was 40 years of age: this completed her seventh pregnancy. At five months and a half she was observed to be as large as those at nine months ordinarily attain. At this period she was accouchée, and gave birth to *five male children*, all of whom were as well formed as is ordinarily the case with an infant conceived alone, and with five and a half months of intra-uterine existence.

The accouchement was accomplished with scarcely any difficulty. The children lived from four to seven minutes, and were successively baptized whilst living.

There were five umbilical cords inserted into two placentæ, which adhered slightly at one of their circumferences, three cords being attached to one, and two cords to the other.—*Richmond and Louisville Med. Jour.*

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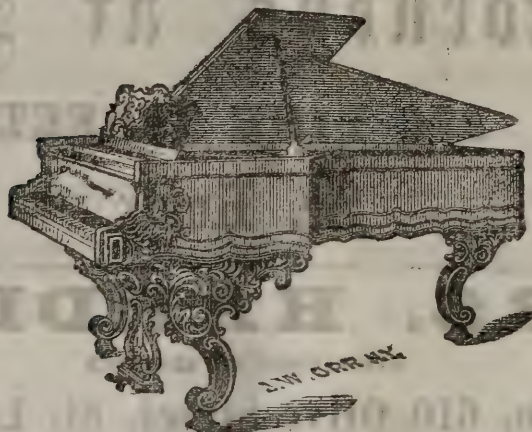
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Practical Pharmaceutist, 97 Commercial street, Boston, Mass.

Bottles of 1, 2, and 4 pounds. \$2.00 per pound.

The **LAMB** **KNITTING** **MACHINE.**

KNITS A STOCKING COMPLETE,

forming the heel and narrowing off the toe as it goes along. It widens and narrows the same as in hand knitting, producing all varieties of knit fabrics, from an infant's sock to a lady's shawl or hood. It is simple, durable, and easy to operate.

WILLCOX & GIBBS' SILENT FAMILY **SEWING MACHINE**

Is very rapid, entirely noiseless, and will do all kinds of family sewing, heavy or light, its hemming, felling, gathering, embroidering, etc., cannot be excelled. But above all, all simplicity is wholly without an approximate parallel. Willcox & Gibbs' Sewing Machines are now sold in St. Louis at Eastern prices, (without adding freight as heretofore,) and each purchaser of a machine, at retail, will be presented with one of the "Royal Charts," for Cutting Ladies' and Children's Dresses by measure. This Chart is a perfect guide for Dress Cutting, and is sold at \$5.00.

Circulars, Price List, and samples of the work of both the above machines will be furnished to any one who will apply for them. **AGENTS WANTED.**

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Lock Stitch Sewing Machines!

WERE AWARDED THE

HIGHEST PRIZE,

THE

Silver Medal, at the Paris Exposition 1867,

AND A

GOLD MEDAL

AT THE

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For the best Family Sewing Machines.

The *only* Machine that has The

REVERSIBLE FEED

AND A

SELF ADJUSTING SHUTTLE TENSION.

EVERY MACHINE WARRANTED.

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ELASTIC STITCH AND LOCK STITCH

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MEDICATED COMPLEXION POWDER.**

Its use renders the skin delicately soft and beautiful.

It is invaluable for the Ladies' Toilet,

Gentlemen will find it most agreeable after shaving.

The Medical profession do not hesitate to recommend it. It has now been before the public twelve years and stands without a rival.

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T. H. McALLISTER'S Compound Achromatic Microscopes, for scientific investigations.

The "EDUCATIONAL,"—powers 50 to 200 diameters, \$25.

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Microscopic objects and accessory apparatus in great variety.

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	PRICE PER BOT. OF 100 EACH.	500 EACH.		PRICE PER BOT. OF 100 EACH.	500 EACH.
Aloes et Assafœt. U. S. P.	\$0 40	\$1 75	Ipecac et Opii 3½ gr. (Pulv. Doveri U.S.P.)	\$ 50	\$2 25
Aloes et Ferri.	40	1 75	Iodoform et Ferri.	3 25	16 00
Aloes et Mastich. (See Pil. Stomachicæ).	50	2 25	Leptand. Comp.	1 00	4 75
Aloes et Myrrh.	50	2 25	Lupulin, 3 gr.	40	1 75
Ammon. Bromid. 1 gr.	75	3 50	Opii. U.S.P. 1 gr.	80	3 75
Anderson's Scot's.	40	1 75	Opii et Camphoræ.	90	4 25
Anti-Bilious. (Veg.)	70	3 25	Opii et Camph. et Tannin	90	4 25
Anti-Chill.	1 25	6 00	Opii et Plumbi Acet.	80	3 75
Anthelmintic	1 00	4 75	Podophyllin et Hydrarg.	50	2 25
Antimony Comp.	40	1 75	Potass. Bromid. 1 gr.	75	3 50
Aperient.	85	4 00	Potass. Iodid. 2 gr.	85	4 00
Asafoetida, 2 gr.	40	1 75	Quiniaz Sulph. ¼ gr.	85	4 00
" Comp.	40	1 75	" 1 gr.	1 40	6 75
" et Rhei.	75	3 50	" 2 gr.	2 75	13 50
Bismuth, Subnit. 3 gr.	75	3 50	" 3 gr.	4 00	19 75
Bismuth et Ignatia	1 50	7 25	Quiniaz Comp.	1 75	8 50
Calomel, ½ to 5 gr.	40	1 75	" et Ferri.	1 75	8 50
" 5 gr.	50	2 25	" " et Strychni.	75	8 50
" et Opii.	85	4 00	" " et Valer. 2 gr.	50	17 25
" et Rhei.	75	3 50	Rhei. U.S.P.	75	3 50
Cathartic Comp.	70	3 25	Rhei Comp. U.S.P.	75	3 50
Cathart. Vegetable	75	3 25	Rheumatic.	90	4 25
Chapman's Dinner Pills	60	2 75	Santonin. 1 gr.	1 00	4 75
Cerri Oxalat. 1 gr.	1 00	4 75	Stomachic. Lady Webster's dinner pill	50	2 25
Cinchoidin Comp.	1 00	4 75	Zinci Valerian. 1 gr.	1 00	4 75
Cinchon. Sulph. ½ gr.	75	3 50			
Cook's, 3 gr.	50	2 25			
Coloc. Comp. 3 gr. (Ext coloc. comp. U.S.P.)	80	3 75			
Colocynth, et Hydrarg. et Ipecac.	75	3 50			
Copaibæ, U.S.P. 3 gr.	50	2 25			
" et Ext. Cubebæ.	80	3 75			
Diuretic.	50	2 25			
Dupuytren.	50	2 25			
Ext. Valerian, 3 gr.	65	3 00			
Emmenagogue.	1 40	6 75			
Fel. Bovinum.	50	2 25			
Ferri (Quevenne's) 1 gr.	50	2 25			
Ferri (Quevenne's) 2 gr.	75	3 50			
Ferri Carb. (Vallet's) U.S.P. 3 gr.	40	1 75			
Ferri Citrat. 2 gr.	50	2 25			
Ferri Comp. U.S.P.	40	1 75			
Ferri Iodid. 1 gr.	65	3 00			
Ferri Lactat. 1 gr.	50	2 25			
Ferri Pyrophosph. 1 gr.	40	1 75			
Ferri Sulph. Exsicc. 2 gr.	40	1 75			
Ferri Valer. 1 gr.	1 00	4 75			
Ferri et Quass. et Nux Vom.	75	3 50			
Ferri et Quin. Cit. 1 gr.	75	3 50			
" " 2 gr.	1 40	6 75			
Ferri et Strychniæ.	75	3 50			
Ferri et Strych. Cit.	75	3 50			
Gent. Comp.	40	1 75			
Gambogiaz Comp. U.S.P.	40	1 75			
Gonorrhœa	60	2 75			
Hepatica	80	3 75			
Hooper. (Female Pills.) 2½ gr. U. S. Disp.	40	1 75			
Hydrargyri. U.S.P. 3 gr.	40	1 75			
" Comp.	75	3 50			
" Iod. et Opii. (Richards'.)	75	3 50			

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Accurate methods and the greatest care are employed in dividing these minute doses to render them uniform and reliable.

Acid Arsenious. 1-20 and 1-50 gr.	40	1 75
Aconitia. 1-60 gr.	75	3 50
Atropa. 1-60 gr.	75	3 50
Corrosive Sublimate. 1-12 and 1-20 gr.	40	1 75
Digitalin. 1-60 gr.	75	3 50
Elaterium. [Clutterbuck's.] 1-10 gr.	95	4 50
Extract Belladonna [English] ¼ gr.	40	1 75
" Cannabis Indica. ¼ gr.	60	2 75
" Hyoscyamus [English] ½ gr.	40	1 75
" Nux Vomica. ½ gr.	40	1 75
Leptandrin. ¼ gr.	40	1 75
" ¾ gr.	50	2 25
Mercury Iodide. ¼ gr.	40	1 75
" Red. 1-16 gr.	40	1 75
Morph. Acet. ¼ gr.	75	3 50
" Sulph. 1-10 gr.	60	2 75
" ¾ gr.	75	3 50
" ½ gr.	90	4 25
" ¼ gr.	1 10	5 25
" Valerianate. ¼ gr.	95	4 75
Podophyllin. ¼ gr.	40	1 75
" ½ gr.	50	2 25
Potass. Permangan. Cryst. ½ gr.	50	2 25
Quini. Valerianate. ½ gr.	2 00	9 75
Silver Nitrate. ¼ gr.	75	3 50
Silver Iodide.	75	3 50
Strychnia. 1-20, 1-40 and 1-60 gr.	40	1 75

Special Receipts made to order when 3000 Pills are ordered at one time, and estimates made for quantities at the lowest figures.

Please specify our manufacture when it may suit your convenience to order through other houses.

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Price Lists, with Formulæ, furnished upon application.

A REMARKABLE INVENTION. IN ARTIFICIAL LEGS, BY DOUGLAS BLY, M. D.,

THE SURGEON GENERAL'S ORDER ON ARTIFICIAL LEGS.

SURGEON GENERAL'S OFFICE,

WASHINGTON, D. C., May 13, 1865.

SIR:—In accordance with the recommendation of a Board of Medical Officers recently convened in the city of New York, the manufacturers indicated in the subjoined list have been authorized to furnish to mutilated soldiers, Apparatus and Artificial Limbs of the kind designated, viz;

ARTIFICIAL LEGS.

	MAKER.	PRICE.	
First best,	Dr. Douglas Bly,	\$120.00	His "Universal Ankle Joint Motion."
Second "	Wm. Selpho & Sons,	75.00	
Third "	B. F. Palmer,	75.00	
Fourth "	Dr. E. D. Hudson,	75.00	
Fifth "	Salem Leg Co.,	75.00	
Sixth "	Jewett Leg Co.,	75.00	
Seventh "	R. Clement,	75.00	
Eighth "	A. A. Marks,	65.00	

The relative value of the models, in the opinion of the Board, is shown by the order in which the makers are mentioned. No order shall be given to manufacturers who are not included in the preceding list.

Should soldiers desire to procure the more expensive Legs, the maximum price, (\$75) for each, will be allowed in part payment. By Order of the Surgeon General,

C. H. CRANE, *Surgeon U. S. Army.*

That Dr. Bly's Anatomical Leg, with "Universal Ankle-Joint Motion," is the best Leg made, has long been conceded, and has now been settled by a Board of eminent Surgeons, convened by order of the Surgeon General. It must be a brazen-faced man, who, in the face of these facts, would deceive a maimed soldier by representing that he makes as good a leg as Dr. Bly. But there are such, consequently people should be on their guard.

The great merits and success of my Anatomical Ball and Socket jointed Leg produced a strong impression among the Eminent Surgeons throughout the country, and they appealed to me to do for their poorer patients what I had done for the more wealthy. They wanted a more durable leg than the Palmer Leg, without increasing the cost. I produced my Army and Navy Leg. That leg has repeatedly been placed in competition with all the legs of any note in the United States, and been decided to be superior to them all; yet the cost is no greater. For the proof of this remarkable superiority, I refer to the accompanying Reports of different State Boards of Eminent Surgeons.

Office of Virginia Board on Artificial Limbs,

DR. DOUGLAS BLY:

RICHMOND, VA., March 7th, 1867.

Dear Sir—The Legislature of Virginia passed an Act at its last Session appropriating funds for furnishing maimed and disabled men, residents of the Commonwealth of Virginia, with artificial limbs, and constituted the undersigned a Board to execute the provisions of the Act.

The Board sent circulars to all Manufacturers of artificial limbs in the United States, so far as known, inviting parties to present specimens and proposals.

After a careful and thorough investigation, the Board could not hesitate to give a unanimous verdict in favor of your limbs as being the best and most satisfactory in all their elements and appointments of lightness, elegance, strength and durability.

First, of Legs,—Your "Anatomical Ball and Socket jointed Leg."

Second,—Your "Army and Navy Leg."

It is a great satisfaction to the Board, and we believe it will be to all parties concerned, to know that this conclusion was arrived at, not hastily, but after the most careful and painstaking examination and enquiry; and since this conclusion was so carefully considered, it must be a gratification to you, and a testimonial to your skill and ingenuity, that amid so much competition, among a great variety of models of such great excellence, the Board have unanimously, and without hesitation, adopted yours as the best.

Respectfully,

F. H. PIERPONT, *Governor, and President of the Board.*

WM. F. TAYLOR, *Auditor and Treasurer of the Board.*

W. B. WATKINS, M. D., *Surgeon of the Board.*

South Carolina Board of Surgeons.

A. N. TALLEY, M.D.,

ROBERT W. GIBBES, M.D.,

B. W. TAYLOR, M.D.

COLUMBIA, S. C., March 26, 1867

Georgia Board of Eminent Surgeons.

L. A. DUGAS, M.D.,

H. H. STEINER, M.D.,

L. D. FORD, M.D.

MILLEDGEVILLE, GA., Nov. 1, 1867

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413 Pine Street, St. Louis, Mo.

Capt. Ed. WUEBPEL, *President.*

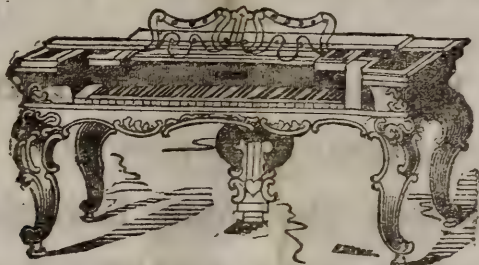
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WESTERN PIANOS for WESTERN BUYERS.

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AMONGST US BY CALLING ON THE

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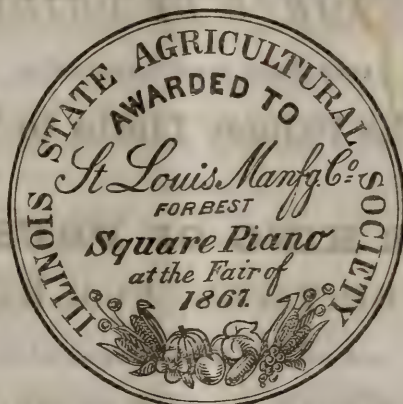
For one of their splendid Pianos. These Pianos have taken the
FIRST PRIZE WHEREVER EXHIBITED.

STATE FAIR of LOUISIANA,

STATE FAIR of MISSOURI,

STATE FAIR of ILLINOIS,

STATE FAIR of MISSOURI,



NEW ORLEANS, 1866.

SAINT LOUIS, 1866.

QUINCY, 1867.


SAINT LOUIS, 1867.

MEDAL

Awarded at the Ills. State Fair, Quincy, 1867.

There is no longer any doubt that the skill employed in the manufacture of these instruments has established for them a reputation which increases with every additional sale. WHEREVER THESE INSTRUMENTS HAVE BEEN INTRODUCED they have uprooted the prejudice in favor of Eastern Pianos, sold on the strength of their manufacturer's name. Their rich and full, but soft and harmonious tone, their elastic, even touch, ready to respond to the most delicate execution, makes them the favorite with every lover of music, while their elegant finish renders them a valuable acquisition for any parlor. **PRICE MODERATE**, and from \$50 to \$100 lower than any other make of equal merit. Especially favorable terms made to Schools and Teachers.

Illustrated Catalogue and Price Lists sent on application.

 Old Pianos taken in exchange at reasonable rates.

Palmer's Patent Limbs

As now Improved and Manufactured by the Inventor, Dr. PALMER, are acknowledged throughout the world to be

“THE BEST.”

At the World's Great Exhibitions,

From LONDON, 1851, to PARIS, 1867, the

PALMER LIMBS Have Stood Above Successful Competition.

The Inventor has received more than

FIFTY FIRST PRIZES!

ALL OF THE HIGHEST GRADE.

No competitor has received anything above the small bronze medal of the last and lowest grade, at the world's (several) exhibitions.

THE GREAT SOCIÉTÉ DE CHIRURGIE, PARIS

After twelve years' investigation,

Pronounced the Palmer Limbs to be “The Best.”

THE KING OF PRUSSIA

HAS ADOPTED THEM, FOR HIS KINGDOM,

And DR. PALMER has received an

Honorarium of Gold (\$1,000 value) for the models sent to the Sanitary Commission, at Berlin.

America, England, France and Prussia

Through their most distinguished Associations have

AWARDED TO DR. PALMER THE HIGHEST HONORS FOR THE ONLY VALUABLE INVENTIONS, OF THE KIND, EVER PRESENTED FOR THEIR REPORT.

Two hundred eminent Surgeons?

Twenty distinguished Generals!

Two thousand other Officers and Soldiers!

Eight thousand Citizens and Foreigners!

Recommend the Palmer Limbs as the "Best."

THE UNITED STATES GOVERNMENT

has, in giving limbs, left the choice to the SOLDIERS and SEAMEN; and the record shows that the choice made by them has been, as TWENTY TO ONE, in favor of the limbs made by DR. PALMER and the company of which he is President (against twenty competitors).

The TESTIMONIAL OF AN EMINENT UNITED STATES OFFICER, SURGEON W. S. KING, U. S. A., who established the FIRST GREAT ARMY HOSPITAL IN PHILADELPHIA, (as Medical Director of the Department of Pennsylvania,) is published to show the appreciation of the soldiers, and add the weight of his valuable testimony. SURGEON KING was recently SUPT. OF THE U. S. ARMY GENERAL HOSPITALS, where he had the best means of gaining the necessary information, and is now MEDICAL DIRECTOR of the DEPARTMENT OF LAKES, at DETROIT, MICHIGAN.

TESTIMONIAL OF SURGEON W. S. KING, U. S. A.:

OFFICE OF SUPT. U. S. A. GENERAL HOSPITAL, }
CINCINNATI, OHIO, March 15th, 1866. }

HAVING ACTED AS MEDICAL DIRECTOR DURING THREE YEARS OF THE WAR, IT BECAME MY DUTY TO GIVE ORDERS FOR ARTIFICIAL LIMBS TO MUTILATED SOLDIERS, AND AS DR. B. F. PALMER'S LIMBS WERE GENERALLY PREFERRED, A LARGE MAJORITY OF THE ORDERS WERE GIVEN ON HIM. THE LIMBS FURNISHED BY DR. PALMER HAVE GIVEN MOST SATISFACTION. THIS IS ALSO THE TESTIMONY OF HOSPITAL STEWARDS AND NON-COMMISSIONED OFFICERS ON DUTY AT THE VARIOUS HOSPITALS IN MY CHARGE, WHO HAVE HAD OPPORTUNITIES OF SEEING THE MEN AFTER THEY HAD RECEIVED AND USED THE LIMBS FURNISHED TO THEM; AND I HAVE THEREFORE NO HESITATION IN SAYING THAT, IN MY OPINION, THEY ARE PREFERABLE TO ALL OTHERS.

WILLIAM S. KING,

Brevet Colonel and Surgeon, U. S. A.

Numerous imitations of the Palmer limbs are offered, but none of them stand the test of time in use.

The "LATERAL-MOTION-ABSURDITY," after an unsuccessful trial by a few United States soldiers, is now rapidly GOING OUT OF USE, and the PALMER limbs taking its place. The "Commissioner" (of "Lateral Motion") finding his high office made vacant, and his name struck from the honorable list of Government manufacturers, has made a new "side movement"—South. This movement operates to great acceptance among the soldiers of the United States army, but is not so well received by the Confederates, as their letters testify.

One hundred letters CONDEMNING THE "LATERAL MOTION" may be seen at the office of Dr. Palmer. Perhaps no principle ever introduced in a false leg has been more transparently "absurd."

Dr. Palmer has purchased the entire property of the American Artificial Limb Company, at enormous expense, and is now sole owner of all the valuable patents, machinery, stock, &c., of the Company, of which he has hitherto been the President. The limbs are now made under his personal direction, aided by the best and most experienced assistants, and all *guaranteed*. Important improvements have been recently made by him, which render the mechanism absolutely perfect in all the details.

Pamphlets, and full information by letter, free of charge.

To secure the genuine Palmer limbs, and avoid imposition, address the Inventor only Offices, 1609 Chestnut street, Philadelphia; No. 2, Clinton Hall, Astor Place, New York 18 Green street Boston, Mass.

B. FRANK PALMER, LL. D.

Inventor, Patentee, and sole Manufacturer.

ELASTIC SPONGE

FOR ALL

UPHOLSTERY PURPOSES,

CHEAPER THAN FEATHERS OR CURLED HAIR,
AND FAR SUPERIOR.

The Lightest, Softest, most Elastic, most Durable, and BEST MATERIAL known, for

Mattresses, Pillows, Cushions, Etc.

It is entirely indestructible, and its purity is almost immaculate. No moth, no smell, no dirt,

IT DOES NOT PACK!

Is always free from insect life; is perfectly healthy; and for the sick is unequalled by any bed in the world.

ELASTIC SPONGE MATTRESSES, PILLOWS,
Church, Car, Carriage and Chair Cushions,

FOR SALE BY

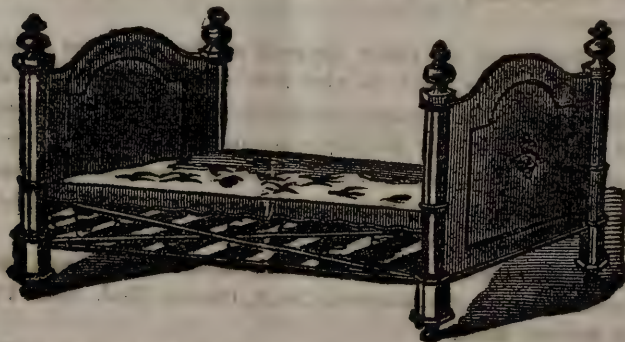
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Manufacturer of the under-named preparations, which are offered to
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PHOSPHO-FERRATED ELIXIR OF BARK,

PURE COD LIVER OIL,

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COMPOUND SYRUP HYPOPHOSPHITES,

SYRUP HYPOPHOSPH. LIME,

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CHLORODYNE,

BITTER WINE OF IRON,

ELIXIR CALISAYA BARK,

CHLORAT. POTASSÆ LOZENGES,

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PULMONIC TROCHES,

GRANULAR EFFERVESCENT,

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MEDICINAL FLUID EXTRACTS,

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